

Case Number:	CM14-0211742		
Date Assigned:	02/13/2015	Date of Injury:	08/25/2003
Decision Date:	04/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who sustained an industrial related injury on 8/25/03. The injured worker had complaints of migraine headaches, right arm pain and weakness, coccyx pain, bilateral elbow pain, bilateral shoulder pain, and sleep difficulty. Medications included Oxycodone ER, Frova, and Alprazolam. Treatment included radiofrequency ablation to the sacrococcygeal nerve on 5/15/13 and physical therapy. The treating physician requested authorization for direct current stimulation unit for mood, Relpax, and physical therapy. On 12/9/14 the requests were non-certified. Regarding direct current stimulation, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted there is no evidence the injured worker has been evaluated or is being treating for mood disorders by a psychiatrist. Therefore the request is non-certified. Regarding Relpax, the UR physician cited ODG and noted the request is non-certified due to there being no description of migraines in the records provided. Regarding physical therapy, the UR physician cited the Medical Treatment Utilization Schedule guidelines and noted the specifics of the request are unknown. It was not documented what condition the physical therapy was being prescribed to treat, the number of sessions requested, or the goals the treating physician is attempting to achieve. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Direct current stimulation unit for mood: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Transcranial magnetic stimulation (TMS).

Decision rationale: The Official Disability Guidelines state the following criteria for Transcranial magnetic stimulation (TMS): Diagnosis of severe Major Depression when the following criteria are met: Failure of at least 3 different medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, plus, Failure of a trial of electroconvulsive therapy (ECT) due to inadequate response or intolerable effects or bona-fide contraindication to ECT, OR Failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, OR A positive clinical response to a previous course of treatment with TMS. Standard treatment consists of the following: A course of 30 treatments over 6-7 weeks, followed by a 6 treatment taper over 2-3 weeks; The first treatment session may include treatment planning, cortical mapping, and initial motor threshold determination; Treatments include 1-2 sessions for motor threshold re-determination during the course of treatment with TMS; Continued treatment with TMS after 30 treatments due to partial resolution of acute symptoms should be determined on a case-by-case basis; Maintenance treatment with TMS should be determined on a case-by-case basis. The medical record fails to document most of the above criteria necessary to recommend transcranial magnetic stimulation. Direct current stimulation unit for mood is not medically necessary.

Relpax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: Triptans are recommended in the Official Disability Guidelines. The medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Relpax is not medically necessary.

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement with previous therapy. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy is not medically necessary.