

Case Number:	CM15-0002142		
Date Assigned:	01/13/2015	Date of Injury:	03/16/2006
Decision Date:	04/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 74-year-old female who reported an injury on 03/16/2006. The mechanism of injury was not specified. Her relevant diagnoses include status post lumbar fusion with decompression, lumbar fusion revision at L5-S1, lumbar radiculopathy, and myofascial pain. Past treatments included Botox and medications. On 12/09/2014, the injured worker complained of current headaches occurring approximately 1.5 to 2 days apart for a total of 15 to 20 per month. The headaches last for greater than 4 hours in duration each time causing the patient to lie down in bed. The physical examination revealed no evidence of medication induced somnolence. The cervical spine was indicated to have significant tightness of the paracervical musculature with intermittent muscle spasms and production of headache pains with suboccipital palpation. The cervical range of motion was indicated to be apprehensive in performing due to past history reproducing headaches. Cervical compression also caused headache pain. The physical examination of the low back indicated tightness of the paraspinal muscle and taut muscle bands in the absence of muscle spasms. There was also decreased sensation to the L5-S1 dermatomal patterns and weakness of the EHL tendon on the right. Her relevant medications included Midrin and Zomig. The treatment plan included nonpharmacological device Cefaly. A rationale was not provided. A Request for Authorization form was submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-pharmacological device Cefaly: 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, Supraorbital transcutaneous stimulator.

Decision rationale: The request for nonpharmacological device Cefaly is not medically necessary. According to the Official Disability Guidelines, the supraorbital transcutaneous stimulator is currently under study for migraine prevention. The injured worker was indicated to have chronic headaches from cervical and lumbar pain. However, the guidelines do not indicate the use of a supraorbital transcutaneous stimulator as it is still under study for migraine prevention. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.