

Case Number:	CM15-0188219		
Date Assigned:	09/30/2015	Date of Injury:	07/13/2009
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 44 year old male who sustained an industrial injury on 07-13-2009. Current diagnoses include traumatic brain injury with sequelae, headaches-defer to appropriate specialist, and chronic neck pain, status post injection therapy with chronic pain. Report dated 09-08-2015 noted that the injured worker presented with complaints that included continued neck symptoms. Pain level was not included. Physical examination performed on 09-08-2015 revealed cervical spine tenderness and decreased cervical range of motion. Previous treatments included medications and Botox injections. The treatment plan included requests for a cervical spine MRI, evaluation and treatment of neck, Cefaly device for headaches, continued follow up with other providers, return in 6 weeks, and continue nortriptyline. Submitted documentation included a cervical spine MRI dated 09-29-2015. The utilization review dated 09-21-2015, non-certified / modified the request for Cefaly Device, and Evaluation and Treatment with Neurosurgery QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cefaly Device QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The available medical records support a condition of headache and pain lasting greater than 3 months not helped by medication, injections, or physical therapy. MTUS guidelines do not support use of transcutaneous electrical stimulation (Cefaly device) for the treatment of headache. Given the medical records report condition of headache, the medical records do not support use of this device for this condition. The request is not medically necessary.

Evaluation and Treatment with Neurosurgery QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The available medical records support a condition of headache and pain lasting greater than 3 months not helped by medication, injections, or physical therapy. However, the medical records do not indicate a concern for cancer or focal lesion for which surgical consideration is supported under MTUS. As there is no indication of a surgically amenable condition, MTUS does not support referral for evaluation by specialist neurosurgery. The request is not medically necessary.