

Case Number:	CM15-0213760		
Date Assigned:	11/03/2015	Date of Injury:	10/29/2012
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 36 -year-old male who sustained an industrial injury on 10-29-2012 and has been treated for lower extremity paralysis. He has had cervical, thoracic, right parietal, right clavus, and rib fractures. He had a T5-8 posterior spinal fusion, Syrinx surgery, and has a history of respiratory failure requiring tracheostomy, pneumonia, sepsis, and Clostridium difficile infection. Diagnoses are T7 paraplegia, mild brain injury, sleep apnea, syringomyelia, syringobulbia, and neurogenic bowel and bladder. In the most recent progress report provided dated 8-27-2015 the injured worker reported that he still has pain in the right upper extremity, and neuropathic symptoms "but less." Objective findings include "functional range of motion," and right sensory impairment to pin prick C5-T8, which are noted to have been repaired after having syrinx surgery. Documented treatment includes acute rehabilitation, aquatics, "FES bike, "Trilogy unit for sleep apnea, weight loss, he has recently received a motorized wheelchair, and he has home health nursing support. He is noted to use baclofen and Flexeril. The treating physician's plan of care includes a TENS unit trial, but this was denied on 10-27-2015. The provided notes do not discuss the rationale for this treatment. Current work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial Electric Stimulation, trial, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Transcranial magnetic stimulatoin (TMS).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG only recommends the requested service in the treatment of migraine with aura. The patient does not have the diagnosis of migraine due to industrial incident. Therefore the request is not medically necessary.