Case Number:	CM15-0218266		
Date Assigned:	11/10/2015	**Date of Injury:**	07/23/2013
Decision Date:	12/29/2015	**UR Denial Date:**	10/26/2015
Priority:	Standard	**Application Received:**	11/05/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old male who sustained an industrial injury on 7-23-2013. Medical records indicate the injured worker is being treated for cervical spine pain related to C6-7 disc protrusion with left sided C7 radiculopathy, cervical spine failure of fusion at the C6-7 level, lumbar spine protruding disc with right sided radiculopathy, complex tear of medial and lateral meniscus of right knee, anxiety, depression, and memory loss. Per the spine center progress note dated 4-20-2015 the injured worker's symptoms are essentially unchanged from the visit on 2-9-2015 which include severe mechanical neck pain and bilateral proximal upper extremity pain problems radiating into C5 distribution. The injured worker on 2-9-2015 reported neck pain daily and his pain is rated at 5-6 out of 10 and the pain radiates to his rhomboids. The injured worker reports aggravating factors are rotation and side bending of his neck to each side. On physical exam, his cervical spine range of motion is 60 degrees to the right and left, he has reduced flexion and extension, and his wrist extension and grip were 5-5 bilaterally. Per the progress note dated 4-29-2015 and 5-29-2015 the injured worker continues to report short memory loss due to head trauma from his injury and on physical exam he appears anxious and depressed and has an abnormal gait and due to compensation, he has sustained a compensatory injury to his right knee. Per the spine center report dated 7-9-2015 post surgery on 6-2-2015 the injured worker reports his neck pain and bilateral radicular neck pain have improved greatly to now 2 out of 10 and is taking Norco and Soma for his continued lower back pain. Per the orthopedic surgeon's notes dated 9-11-2015 and 10-9-2015 the injured worker continues to report pain in his neck, low back, and right knee, he continues with anxiety and depression which he

reports has improved with Lexapro and he continues to have difficulty with short term memory loss. Per the neurology and pain management report 9-30-2015 the injured worker has persistent and worsening difficulty with cognitive function and memory and recommends cognitive behavioral program with pain psychologist, biofeedback-neuromuscular re-education and autonomic quieting, and QEEG-neurofeedback. Per the spine center report dated 10-12-2015 the injured worker reports he continues taking Norco for his lumbar spine issues and he no longer has pain to his neck, he does report 2 out of 10 positional pain to his neck, his motor strength is grossly intact and his gait is steady. The injured worker is temporarily totally disabled. The MRI of the brain dated 4-1-2015 shows no evidence of acute or remote intracranial injury. The MRI of the lumbar spine dated 7-10-2015 shows mild to moderate multilevel disc disease at L2- S1, impingement potential most significant at L4-5 where there is mild to moderate left and moderate right lateral recess stenosis with mild right greater than left L4 foraminal narrowing due to lateralizing disc protrusion and opposing ligamentous thickening-facet arthropathy with compounding disc height reduction, mild to moderate bilateral stenosis of the lateral recesses shown in L3-4, and mild posterior disc bulges at L2-3 and L5-S1 do not visibly impinge. Treatment to date for the injured worker includes 2 previous cervical spine surgeries at C5-6 in 1998 and then a C6-7 fusion in 2010 which he reports has never had any significant improvement since then, bilateral cervical C4-7 laminectomy-foraminotomy-posterior fusion on 6-2-2015, physical therapy in August and September of 2014 and he reports it made his pain worse, he also had at least 24 physical therapy sessions in 2015 post his surgery in June and the physical therapy report dated 8-12-2015 states he tolerated all exercises without reports of increased pain and the report dated 10-5-2015 states he is now reporting pain to his low back. His treatment has also included medications including Perco cet, Robaxin, Soma, Lexapro, Norco, Ativan, and Ambien, injections of Toradol, Dexamethasone, and Depo-Medrol. The request for authorization was submitted on 10-19-2015 for trans-cranial magnetic stimulation sessions, quantity 20 and quantitative electroencephalogram QEEG, neurofeedback. The UR dated 10-26-2015 denied these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trans-cranial magnetic stimulation sessions, quantity 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/index.html?odgtwc/head.htm#TBI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Holtzheimer PE, et al. Unipolar depression in adults: Treatment with transcranial magnetic stimulation (TMS). Topic 14641, version 17.0. UpToDate, accessed 12/23/2015.

Decision rationale: Repetitive transcranial magnetic stimulation (TMS) involves using a type of electricity and magnetic waves to affect the brain. The magnetic waves are similar to those used in MRI studies. The MTUS Guidelines are silent on this issue. The literature supports the use of this treatment for depression that does not respond well to standard treatment with medicine and

supportive therapy. TMS is most commonly done daily for four to six weeks with 3000 pulses per session at 100% to 120% of motor threshold. This treatment should not be used or should be used very cautiously with those who have seizures or an increased risk for them, metal and/or electrical devices in their bodies, cochlear implants, neurologic conditions, or medical conditions that are not controlled. The literature suggests repetitive TMS is less effective than electroconvulsive therapy (ECT; "shock therapy"); however, it is often better tolerated and does not require the person to take medications to be asleep during the treatment. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and mild pain in the neck and depressed and anxious moods. There was no discussion reporting the worker's depressed moods had failed medical and supportive therapy or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twenty transcranial magnetic stimulation sessions is not medically necessary.

QEEG (quantitative electroencephalogram), neurofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/index.html?odgtwc/head.htm#QEEG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Coburn EL, et al. The value of quantitative electroencephalography in clinical psychiatry: A report by the Committee on Research of the American Neuropsychiatric Association. J Neuropsych and Clin Neurosci. 2006: 18(4); 460-500.

Decision rationale: Quantitative electroencephalography (qEEG) involves using computers and statistics to look closely at the flow of electricity through the brain. The MTUS Guidelines are silent on this issue. There is limited research to support this type of therapy only in very specific types of patients. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and mild pain in the neck and depressed and anxious moods. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for quantitative electroencephalography (qEEG) with neurofeedback is not medically necessary.