

Case Number:	CM15-0058127		
Date Assigned:	04/02/2015	Date of Injury:	03/10/2012
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old male who sustained a work related injury on March 10, 2012, incurring head, shoulder and neck injuries after a concussion. Treatment included muscle relaxants, anti-depressants and analgesics. He was diagnosed with a neck sprain, thoracic sprain, concussion, cervical spondylosis with radicular symptoms of the left upper extremity and vascular dementia. Currently, the injured worker complained of cervical pain, spasms with motor weakness and diminished upper extremity reflexes. The treatment plan that was requested for authorization included Magnetic Resonance Therapy/Trans-cranial Magnetic Stimulation for two to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Therapy/Transcranial Magnetic Stimulation - 5 sessions per week for 2-4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Transcranial magnetic stimulation (TMS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Transcranial magnetic stimulation (TMS). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Transcranial magnetic stimulation (TMS) Recommended as an option for migraine with aura. FDA approved the Cerena Transcranial Magnetic Stimulator (eNeura Therapeutics), the first device approved to relieve pain caused by migraine headache with aura. The device is used by prescription after onset of pain associated with migraine with aura. Using both hands, the patient holds the device to the back of the head and, pressing a button, releases a pulse of magnetic energy that stimulates the occipital cortex, stopping or reducing the pain associated with this type of migraine. (FDA, 2014) Transcranial magnetic stimulation (TMS) is a non-invasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull, where it induces electric currents that affect neuronal function. Repetitive TMS is being evaluated as a treatment of depression and other psychiatric /neurologic brain disorders. Evidence suggests that transcranial magnetic stimulation can be effective as a treatment for migraine. This quality RCT found that pain-free response rates after 2 h were significantly higher with TMS (39%) than with sham stimulation (22%), and sustained pain-free response rates significantly favored TMS at 24 h and 48 h post-treatment. (Lipton, 2010) In this RCT TMS was effective and safe as a preventive therapy for migraine. (Schoenen, 2013) Criteria for Transcranial magnetic stimulation (TMS): Diagnosis of migraine with aura (only 20% of migraneurs suffer from an aura associated with headaches, but they suffer significantly)- Not meant to be used more than once every 24 hours; Not used with suspected epilepsy or family history of seizures, Not used with any metal device implanted in the head, neck or upper body, or a pacemaker or deep brain stimulator, Rental is preferred for an initial trial, since patient success rate is about 40% and the device costs about [REDACTED]. The patient is suffering from a chronic neck pain and there is no documentation of migraine. There is no rational for the prescription of TMS for 5 sessions per week for 2 -4 weeks. Therefore the request is not medically necessary.