MAXIMUS Federal Services

| Case Number: | CM14-0132826 | | |
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| Date Assigned: | 08/22/2014 | Date of Injury: | 03/21/2013 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 49-year-old male who has submitted a claim for chronic pain syndrome associated with an industrial injury date of 03/21/2013.Medical records from 03/03/2014 to 07/11/2014were reviewed and showed that patient complained of diffuse pain of the neck (graded 6-7/10) and upper, mid, and low back (graded 5-6/10). Physical examination revealed diffuse non-specific tenderness from the neck to the lumbar spine. Decreased cervical and lumbar range of motion (ROM) was noted. Manual muscle test (MMT), deep tendon reflexes (DTRs), and sensation to light touch of upper and lower extremities were intact. Spurling's test was negative. Straight leg raising (SLR) test was positive bilaterally. Cervical spine MRI (date unavailable) revealed C3-4 disc protrusion, lumbar spine MRI (date unavailable) revealed L4-5 disc bulge. Thoracic spine MRI (date unavailable) revealed hypertrophic changes from T9 to T12. MRI of the brain (date unavailable) was unremarkable. Treatment to date has included physical therapy, and pain medications.Utilization review dated 08/04/2014 denied the request for purchase home cranial electrotherapy stimulator because there was no support for the purchase of this device to treat the patient's non-specific complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase home cranial electrotherapy stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation ODG Pain (Chronic); Non-invasive brain stimulation techniques for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Transcranial Magnetic Stimulation and Cranial Electrical Stimulation.

**Decision rationale:** CA MTUS and ODG do not specifically address the topic on abdominal ultrasound. Per the Strength of Evidence hierarchy established by the [redacted], Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers cranial electrical stimulation (also known as cerebral electrotherapy, craniofacial electrostimulation, electric cerebral stimulation, electrosleep, electrotherapeutic sleep, transcerebral electrotherapy, transcranial electrotherapy, as well as the Liss Body Stimulator that is used to treat alcoholism) experimental and investigational because its value and effectiveness has not been established. In this case, the patient complained of diffuse neck and back pain and was diagnosed with chronic pain syndrome. Consequently, a request for cranial electrotherapy stimulation unit was made. However, the guidelines do not recommend cranial electrical stimulation because its value and effectiveness have not been established. Therefore, the request for purchase home cranial electrotherapy stimulator unit is not medically necessary.