

Case Number:	CM14-0047094		
Date Assigned:	07/02/2014	Date of Injury:	09/21/2007
Decision Date:	08/27/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation and is licensed to practice in Ohio and Texas. 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 injured worker is a 59-year-old male who reported an injury on 09/21/2007. The mechanism of injury involved a fall. Current diagnoses include cerebral concussion, post concussion syndrome, probable left cerebral/cortical contusion, pain in bilateral TMJ regions, cervical radiculopathy, lumbar radiculopathy, pain in bilateral shoulders, interscapular pain, pain in bilateral knees, overflow incontinence and impotence, emotional distress, and sleep disturbance. The latest Physician Progress Report submitted for this review is documented on 02/13/2014. The injured worker reported persistent activity limitation and emotional instability. The current medication regimen includes Fiorinal, meclizine, benazepril, Ambien, Zantac, cyclobenzaprine, hydrocodone, naproxen, fluoxetine, and lorazepam. The injured worker was currently participating in rehabilitation therapy. Physical examination revealed severe cranial cervical spasm, severe interscapular spasm, positive Romberg testing, positive Tinel's testing at the right wrist, bilateral foot swelling, tenderness to palpation, moderately decreased olfaction bilaterally, mildly decreased sensation in the trigeminal nerve on the right side, weak grip strength in the right hand, decreased sensation, restricted shoulder range of motion, restricted cervical and lumbar range of motion, positive straight leg raising, and hypoactive deep tendon reflexes. Treatment recommendations at that time included MRI scans of the elbow and wrist and a trial of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroconvulsive Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 15 Aug 2014.

Decision rationale: According to the US National Library of Medicine, Electroconvulsive therapy is a very effective and generally safe treatment for depression and other health conditions that uses electricity to trigger a seizure. It is especially helpful for treating depression in patients who are having delusions or other psychotic symptoms, who are pregnant and severely depressed, who are suicidal, who cannot take antidepressant drugs, or who have not responded fully to antidepressant drugs. The injured worker does not maintain a diagnosis of depression or psychotic symptoms. The medical necessity for the requested treatment has not been established. There was also no frequency or total duration of treatment listed in the request. As such, the request for Electroconvulsive therapy is not medically necessary.