

Case Number:	CM14-0215514		
Date Assigned:	01/05/2015	Date of Injury:	08/10/2011
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Florida

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 patient is a 37-year-old female with a date of injury of 8/10/2011. She has a diagnosis of major depression and anxiety. She is currently being treated with Zoloft, and has been evaluated by a Psychiatrist. A request for transcranial magnetic stimulation therapy was made, and a utilization review physician did not certify this request as it is not supported by MTUS guidelines. Therefore, an independent medical review was requested to determine the medical necessity of this requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial magnetic stimulation therapy, provided on October 9, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnetic Therapy Page(s): 58.

Decision rationale: In accordance with California MTUS guidelines, Magnetic therapy is "not recommended. Biomagnetic therapy is considered investigational. The data from randomized, placebo-controlled clinical trials fails to demonstrate that biomagnetic therapy results in improved health outcomes for any type of pain. Biomagnetic therapy has been proposed for the relief of chronic painful conditions; it is proposed that magnets, worn close to the skin, create an electromagnetic field within the body that suppresses pain. The theory is that the magnetic field causes potassium channels to be stimulated, producing repolarization or hyperpolarization. Biomagnetic therapy has been investigated for various types of pain, including peripheral neuropathy, chronic low back pain, carpal tunnel syndrome, plantar heel pain and hip and knee pain due to osteoarthritis. (Collacott-JAMA, 2000) (BlueCross BlueShield, 2005)" Therefore this request for transcranial magnetic stimulation therapy is considered not medically necessary.