

<b>Case Number:</b>	CM13-0017351		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Psychiatry 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:

Claimant is a 56 year old female injured worker with a date of injury 7/15/10. Per 8/22/13 report "her sleep varies, she has some good nights and some bad nights. She continues to feel anxious most of the time but cannot identify triggers to anxiety. She is going to group therapy and individual therapy for chronic pain and depression." Her psychotropic medications include Wellbutrin, Cymbalta, and Abilify. The injured worker attempted suicide in 10/2012 with an overdose of Wellbutrin; she states that she was not attempting to harm herself, and the records note that she was confused at the time of the suicide attempt. She was diagnosed with major depressive disorder, recurrent. Global assessment of functioning is 54. The date of UR decision was 8/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSCRANIAL MAGNETIC STIMULATION 2-3 TIMES PER WEEK FOR 7-10 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 - TWC ILLNESS & STRESS PROCEDURE SUMMARY LAST UPDATED 05/13/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) is silent regarding the issue of transcranial magnetic stimulation. Per Official Disability Guidelines (ODG) TWC, transcranial magnetic stimulation is "under study for Posttraumatic stress disorder (PTSD), with initial promising results. Noninvasive transcranial magnetic stimulation (TMS) of the dorsolateral prefrontal cortex relieves the core symptoms of PTSD, according to a recent double-blind randomized controlled trial." As the guidelines do not support the use of this treatment for major depressive disorder, medical necessity cannot be affirmed.