

Case Number:	CM13-0026631		
Date Assigned:	11/22/2013	Date of Injury:	06/06/2009
Decision Date:	01/27/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 underlying date of injury in this case is 06/06/2009. The primary treating diagnosis is 296.22, or depression. Additional diagnoses include sleep disorder and insomnia. The request for authorization on 08/02/2013 for cranial electrical stimulation treatment notes that this is a localized and efficient treatment for depression, anxiety, and insomnia with no documented side effects. The treating physician therefore requested approval for such treatment at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cranial electrical stimulation treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Mental Disorders

Decision rationale: This treatment is not discussed in the California Medical Treatment Utilization Schedule. The Official Disability Guidelines/treatment of Workers' Compensation/Mental Disorders states regarding electric convulsive therapy, "Recommended... In the event that antidepressant medications are proven ineffective, the use of electroconvulsive

therapy may be consideredIt is incumbent upon the physician to note that electric convulsant therapy is the next step in the evidence-based treatment protocol when the individual does not respond to antidepressant medication and cognitive therapy." The medical records at this time do not clearly indicate that this patient has fully had a trial of both antidepressant medication and cognitive therapy and that these options of treatment have been exhausted. Therefore, at this time the medical records do not contain sufficient information to support indication for the requested treatment. At this time this request is not medically necessary.