

Case Number:	CM13-0034199		
Date Assigned:	12/06/2013	Date of Injury:	06/15/2007
Decision Date:	02/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology, 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 claimant is a 67 year-old female (DOB 11/14/45) with a date of injury of 6/15/2007. According to medical records, the claimant sustained injuries to her neck and right shoulder while working as an [REDACTED]. In his "Initial Psychological Evaluation" report dated 9/24/13, [REDACTED] diagnosed the claimant with: (1) Major Depression, single episode, moderate; (2) Anxiety Disorder NOS; and (3) Pain Disorder. In his follow-up PR-2 report dated 10/23/13, [REDACTED] updated his diagnosis and diagnosed the claimant with: Adjustment Disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cranial Electrical Stimulation Treatment (CES) with alpha stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Mental Health America - "Complementary & Alternative Medicine for Mental Health, 2013 (pages 61-71)

Decision rationale: There are no treatment guidelines (neither CA MTUS nor ODG) that address the use of cranial electrical stimulation for the treatment of depression. In their

guidebook, "Complementary & Alternative Medicine for Mental Health", Mental Health America reviews numerous studies and claims regarding the efficacy of cranial electrical stimulation. Their conclusion is that more research needs to be done regarding long-term effect. Additionally, many insurance companies, such as Aetna, view this treatment as experimental. According to [REDACTED] "Initial Psychological Evaluation" dated 9/24/13, the claimant had never received any psychiatric or psychological services as the result of her injury. Since the claimant has yet to begin any psychotherapy services or medications, it is suggested that a review of the response from the psychotherapy sessions and medications be completed prior to any initiation of other types of treatment. As a result, the request for "Cranial Electrical Stimulation treatment (CES)" is not medically necessary.