

Case Number:	CM13-0035813		
Date Assigned:	12/20/2013	Date of Injury:	02/14/2013
Decision Date:	02/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland, and District of Columbia. 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:

This patient is a 53-year-old male with a 12/14/2013 date of injury; is a store manager working for a jewelry retailer who was a witness to an armed robbery at the store. Two men entered the store wearing masks, running and pointing a gun at a co-worker. He in turn ran towards the back of the store stating 'they have a gun'. He then ran to the showroom and found one of the suspects holding a customer at gunpoint while the other suspect damaged showcases and stole merchandise. He has not returned to work since the date of the incident. The progress report from 9/26/13 indicates no improvement since the last visit. The patient has had 3 sessions of transcranial magnetic stimulation so far. He continues to present with anhedonia, loss of libido, poor concentration, attention and memory, worthlessness, derealization and anxiety. There are also disturbing memories and dreams, mental and physical reaction to cues about traumatic behavior, avoidant behavior, transient paranoid ideation and feelings of detachment, as well as hypervigilance. The patient has been diagnosed with PTSD in this participating in individual and group psychotherapy along with medication. The request is for Transcranial Magnetic Stimulation 2-3 times per week for 10-12 weeks for a total of 20-30 sessions was denied for lack of medical necessity.

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 x per week for 10-12 weeks for a total of 20-30:
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 and Stress Chapter Transcranial magnetic stimulation (TMS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter Transcranial magnetic stimulation (TMS).

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. ODG (Mental Illness and Stress Chapter); FDA (TMS); American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Obsessive Compulsive Disorder; APA Practice Guideline for the Treatment of Patients with Schizophrenia; American Academy of Neurology evidence-based practice parameter for the evaluation and treatment of depression, psychosis, and dementia in Parkinson disease. Citation: Transcranial Magnetic Stimulation 2-3x per week for 10-12 weeks for a total of 20-30 sessions.