

Case Number:	CM13-0044120		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2007
Decision Date:	02/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 claimant is a 57-year-old male [REDACTED] with a date of injury of 4/19/07. According to medical records, the claimant sustained injuries to his head resulting in multiple cerebral contusions when he fell from scaffolding while working for [REDACTED]. He has received numerous services since his injury. In his Progress Note dated 10/2/13, [REDACTED] diagnosed the claimant with the following: "(1) Syncope and collapse, recurrent, recent episodes possibly due to orthostatic hypotension, cardiac W/U unremarkable; (2) Traumatic brain hem NEC, with residual encephalopathy and seizure D/O. Fluctuating mental status Periods of sleepiness unpredictable; (3) Depression with anxiety, major depression with psychosis dramatically improved on Seroquil and Lamictal though still has cyclic behavioral problems with "regressed" personality and increased confusion; (4) Epilepsy, generalized convulsive without mention of intractable epilepsy; (5) Therapeutic drug monitor; (6) Headache, facial pain, pain in head NOS, onset 5 days ago, unclear etiology. No obvious myofascial discomfort on exam, Neuor exam is stable; (7) Altered mental status, sudden onset sleep attacks. Possible narcolepsy. Doubt due to epilepsy"

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial magnetic stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ODG-TWC, ODG Treatment, Integrated

Treatment/Disability Duration Guidelines, Mental Illness & Stress (Updated 05/13/2013), the Rossi S, et al. Safety, ethical considerations, and applications guidelines for the use of Transcranial magnetic stimulation in clini

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation United Healthcare Policy regarding Transcranial Magnetic Stimulation (www.unitedhealthcareonline.com/Transcranial_Magnetic_Stimulation). The Physician Reviewer also cited the Rossi, S., Hallett, M., Rossini, P, Pascual-Leone, A., and The Safety of TMS Consensus G

Decision rationale: The [REDACTED] policy regarding the use of transcranial magnetic stimulation indicates that the use of Transcranial magnetic stimulation (TMS) is unproven to treat several conditions, including depression. It further states that "there is insufficient evidence that transcranial magnetic stimulation (TMS) is beneficial for health outcomes in patients with major depression. There is a lack of evidence of an enduring treatment effect." The article, "Safety, ethical consideration, and application guidelines for the use of transcranial magnetic stimulation in clinical practice and research" indicates that certain patients may have increased risks of inducing seizures. The article also indicates that patients with a history of epilepsy are at a higher risk. As a result of the insufficient evidence to support such a request and the claimant being a high risk patient, the request for transcranial magnetic stimulation is not medically necessary.