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| Case Number: | CM14-0013278 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 07/15/2010 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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:

The patient is a 56-year-old female who has filed a claim for recurrent major depressive disorder associated with an industrial injury date of July 15, 2010. Review of progress notes indicates progressive improvement of mood in response to transcranial magnetic stimulation. Patient reports fair sleep, improved energy and appetite, less anhedonia and hopelessness, anxiety and irritability. There is still loss of libido; poor concentration, attention, and memory; worthlessness, guilt feelings, and suicidal ideation without plan or intent. On examination, the patient is less depressed, but is slightly sad and anxious. The patient episodically loses the line of interview and requires repetition of the questions. Treatment to date has included Cymbalta, Abilify, Wellbutrin, trazodone, psychotherapy, group cognitive behavioral therapy, and transcranial magnetic stimulation. Utilization review from January 27, 2014 provided modified certification for monthly medication management once a month x 2 months, and continued rTMS 2 times a week for 5 weeks for a total of 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED MONTHLY MEDICATION MANAGEMENT X 6 (MAJOR DEPRESSIVE DISORDER, INSOMNIA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG. Pain chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. This patient is currently on Cymbalta 60mg once a day, Wellbutrin SR 150mg thrice a day, and trazodone once a day for insomnia. The patient is able to stay off Abilify. At this time, the patient has progressively shown improvement, but patient continues to be symptomatic and still reports suicidal ideation. Continued monitoring of the patient's medication regimen is reasonable at this time to for continued improvement of the patient's psychological condition and to maintain functionality, especially as the request for rTMS has not been authorized. Therefore, the request for continued monthly medication management x 6 (major depressive disorder, insomnia) was medically necessary.

CONTINUED rTMS (TRANSCRANIAL MAGNETIC STIMULATION) (MAJOR DEPRESSIVE DISORDER) 2 TIMES A WEEK FOR 5 WEEKS FOR 5 WEEKS FOR TOTAL OF 10 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG. Mental Illness and Stress, Transcranial Magnetic Stimulation.

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, Transcranial magnetic stimulation (TMS).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, repetitive transcranial magnetic stimulation (rTMS) is emerging as a potentially effective treatment for PTSD. This patient has had 10 sessions which have been beneficial, however the patient continues to be symptomatic and still reports suicidal ideation. This patient is diagnosed with major depressive disorder and not PTSD, for which this treatment modality is indicated. Therefore, the request for continued rtms (transcranial magnetic stimulation) (major depressive disorder) 2 times a week for 5 weeks for 5 weeks for total of 10 sessions) was not medically necessary.