

<b>Case Number:</b>	CM14-0033631		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old female who reported an injury to her right side on 03/21/2013, secondary to a slip and fall while mopping. The injured worker complained of pain to her head, neck, right arm, and shoulder, rating her pain at 10 on a 1 to 10 scale, feelings of sadness, fatigue, low self-esteem, apathy, sense of hopelessness, and loss of pleasure participating in usual activities, social avoidance, lack of motivation, loss of interest in sex, sleep disturbance, appetite changes, emptiness, and that she had crying episodes. Psychological evaluation on 01/28/2014 stated the injured worker was observed to cry immediately when talking about her life situation, and to have symptoms of anxiety. A psychological evaluation was done using the following tests and questionnaires: Symptoms Questionnaire, West Haven-Yale Multidimensional Pain Inventory, Modified Somatic Perception Questionnaire, Pain Catastrophizing Scale, Pain Drawing, Incomplete Sentence Adult Form, Beck Depression Inventory, Beck Anxiety Inventory, Epworth Sleepiness Scale, Personality Assessment Inventory, and Brief Battery for Health Improvement-2. The tests and questionnaire were suggestive of anxiety, depressive symptoms, and difficulty coping with her disabled state. The injured worker had diagnoses of major depression, anxiety disorder, and pain disorder. She had past treatments of cognitive behavioral psychotherapy, biofeedback, oral antidepressants, pain medication, and patches. Her medications were venlafaxine, cyclobenzaprine, and patches. There is no rationale for the request for 6 sessions of cranial electrical stimulation treatment over 3 months for depression. The Request for Authorization form was signed and dated 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of cranial electrical stimulation treatment over 3 months for depression: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Treatment of patients with Major Depressive Disorder, American Psychiatric Association Practice Guidelines, and Cranial Electrotherapy Stimulation: Presentaion to the FDA Neurology Panel, Feb 2012, fda.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS, TRANSCRANIAL MAGNETIC STIMULATION (TMS).

**Decision rationale:** The request for 6 sessions of cranial electrical stimulation treatment over 3 months for depression is not medically necessary. The Official Disability Guidelines for mental illness and stress state that transcranial magnetic stimulation (TMS) is under study for post-traumatic stress disorder (PTSD), with initial promising results. Non-invasive transcranial magnetic stimulation of the dorsolateral prefrontal cortex relieves the core symptoms of PTSD, according to a recent double blind RCT. Depression scores were significantly improved only after left repetitive TMS treatment, and anxiety scores were significantly improved only after right repetitive TMS treatment (rTMS). Performance and verbal fluency as measured by the Controlled Oral Word Association Test improved only after right repetitive TMS, but other changes in cognitive function did not differ significantly between the right and left rTMS. The beneficial effects persisted up to the last followup at 3 months for both PTSD checklist and treatment outcome PTSD scale. The results confirm that high-frequency rTMS over the right dorsolateral prefrontal cortex may be the best approach in most patients, yet patients with high levels of depression may show greater benefit from high-frequency TMS applied over the left dorsolateral prefrontal cortex. The submitted documentation does not state the injured worker had a diagnosis of PTSD. Therefore, the request for 6 sessions of cranial electrical stimulation treatment over 3 months for depression is not medically necessary.