

Case Number:	CM14-0038423		
Date Assigned:	06/27/2014	Date of Injury:	05/06/2011
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 49 year old male with date of injury 5/6/2011. The date of UR decision was 3/26/2014. The injury occurred while he was unloading a dance floor in which he injured his neck, right shoulder and right wrist. Report from 3/18/2014 suggested that the injured worker continues to hear voices which are weaker than before but continue to be multiple voices, a few times a day and command him to hurt self or others. He is reported to be anhedonic, socially withdrawn, has no energy and is hopeless. He is continued on Risperidone 8 mg at bedtime, Cymbalta 60 mg twice a day and Wellbutrin XL 450 mg a day. QME (Qualified Medical Examination) report from 3/15/2014 indicated the injured worker has undergone Psychiatric treatment in form of counseling, psychotropic medications and four inpatient hospitalizations. Report from 11/21/2013 suggested that the injured worker had been diagnosed with Major Depressive Disorder with psychotic features. BDI (Beck Depression Inventory) and BAI (Beck Anxiety Inventory) scores that day were 52 and 31 respectively, indicating severe levels of depression and anxiety.

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
<http://www.ncbi.nlm.nih.gov/pubmed/12076483>.

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

Decision rationale: The injured worker has been diagnosed with Major Depressive Disorder, severe, recurrent with Psychotic features and the objective scales performed on 11/21/2013 have indicated severe levels of depression and anxiety. ODG states Transcranial magnetic stimulation (TMS) is under study for PTSD, with initial promising results. The request for Transcranial Magnetic Stimulation is not medically indicated since the injured worker does not have the diagnosis or symptoms (PTSD- Post Traumatic Stress Disorder) that TMS (Transcranial Magnetic Stimulation) is found to be beneficial. Therefore, the request for Transcranial Magnetic Stimulation is not medically necessary and appropriate.

Electroconvulsive Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12642045>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Electroconvulsive therapy (ECT).

Decision rationale: Progress Report dated 3/18/2014 suggested that the injured worker has been diagnosed with Major Depressive Disorder, severe, recurrent with Psychotic features. It was indicated that he continues to hear voices which are weaker than before but continue to be multiple voices, a few times a day and command him to hurt self or others. He is reported to be anhedonic, socially withdrawn, has no energy and is hopeless. He is continued on Risperidone 8 mg at bedtime, Cymbalta 60 mg twice a day and Wellbutrin XL 450 mg a day. He has undergone intensive psychotherapy, which has not resulted in much results. ODG guidelines state ECT (Electroconvulsive Therapy) is recommended. It is incumbent upon the physician to note that ECT is the next step in the evidence based treatment protocol when the individual does not respond to antidepressant medication and Cognitive therapy. ECT has been found to be most effective in the treatment of individuals with psychotic symptoms, suicidal ideation, and comorbid physical illness. Therefore, the request for Electroconvulsive Treatment is medically necessary and appropriate.