MAXIMUS Federal Services

Case Number:	CM14-0052583		
Date Assigned:	07/07/2014	Date of Injury:	05/24/2002
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 licensed 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:

Injured worker is a 56 year old female with date of injury 5/24/2001. Date of the UR decision was 3/31/2014. She suffered from an industrial related neck injury. She has undergone conservative treatment, muti level cervical spine fusion with surgical intervention. She complained of post-operative pain on 6/16/2013. Per that report, she had a history of chronic anxiety needing Ativan and Xanax. She had been taking Ambien for sleep and also opiate pain medications. There is no evidence in the submitted documentation that she was suffering from Post-Traumatic Stress Disorder for which TransCranial Magnetic Stimulation (TMS) is indicated for. There is also no evidence to suggest that the injured worker has been tried on various medication trials or has undergone extensive behavioral interventions, or that her psychological issues are medication resistant which would warrant need for TMS.

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 Official Disability Guidelines, Mental Illness and Stress, Trancranial 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 and Stress, Transcranial Magnetic Stimulation (TMS).

Decision rationale: ODG states Transcranial magnetic stimulation (TMS) is under study for PTSD, with initial promising results. Noninvasive transcranial magnetic stimulation (TMS) of the dorsolateral prefrontal cortex relieves the core symptoms of PTSD; according to a recent double-blind RCT. Repetitive TMS (rTMS) has been tested in several small studies and is emerging as a potentially effective treatment for PTSD. Upon review of the injured worker's case, there is no evidence of her being diagnosed with Post-Traumatic Stress Disorder. There is also no evidence to suggest that the injured worker has been tried on various medication trials or has undergone extensive behavioral interventions, or that her psychological issues are medication resistant. The request for Transcranial magnetic stimulation is not medically necessary.