

Case Number:	CM14-0090336		
Date Assigned:	07/23/2014	Date of Injury:	10/16/1981
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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 Texas. 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 69 year old female. She sustained her injury in 1981. Since then, she has been diagnosed with bipolar disorder. She has been receiving treatment including psychiatric treatment. Most recently, she has been depressed with situational and financial stressors. She has had trials on various antidepressants and there is a history of a failure with electroconvulsive therapy (ECT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient ECT (electroconvulsive therapy) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 & Stress, Electroconvulsive therapy (ECT) Clinical Manual of Electroconvulsive Therapy. Journal of Psychiatric Practice: March 2011 - Volume 17 - Issue 2 - p 154155.Ele

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines do not specifically address the use of electroconvulsive therapy in cases of depression. It is acknowledged that electroconvulsive therapy is a reasonable alternative in selected cases of

major depression in which there is a lack of response to antidepressants (Official disability guidelines). However, this case involves a patient with bipolar disorder. Based upon the lack of response to a prior series of electroconvulsive therapy, the patient's reported depressive symptoms are no more likely to respond on this occasion. Therefore, it is not medically necessary.