

<b>Case Number:</b>	CM14-0196173		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice 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:

Applicable Criteria/Guideline: Not addressed by CA MTUS; ODG, Mental Illness and Stress  
 Date/First Report of Injury: According to agree medical examination dated 11/12/13, the injured worker began experiencing pain and swelling in the right hand in 2005. The discomfort was initially mild and progressively intensified. She began to work with more resistant mattresses and the right hand pain returned with pain in her right elbow and left hand pain. The date of injury indicated was July 17, 2007. By this time, the pain had encompassed the right shoulder. Per previous review completed on 10/13/14, injured worker complained of depressed mood, anhedonia, insomnia, guilt feelings, poor self-esteem, decreased concentration, indecisiveness, irritability, low energy, poor libido and chronic suicidal ideation. Actual 10/13/14 report, not submitted for review. Injured Worker Age, Gender and Complaints: 41 year old female presents to pain psychologist's office on 4/9/14 with continued complaints of awakening with headaches in the morning along with sharp pains in both of her eyes. During the day she feels "tired and sleepy." She was referred back to her primary treating provider to address concerns. From a behavioral perspective, psychologist recommended for claimant to take a shower and drink a cup of tea to help wake her up. She enjoys modified part-time activities. Per 7/23/14 progress notes from pain provider, pain is sustained in spite of continued therapy including psychological care. Per 8/18/14 report from pain provider, complained of neck pain and intermittent headaches. According to 9/10/14 report from pain provider, continues to complain of significant pain in the neck radiating to the upper back, which is slightly worse on the left. She does report the pain radiates from the right arm to the right ventral and dorsal aspect of the wrist and occasionally to the right 3rd and 4th digits. Pain radiates down the arm and she reports numbness and tingling in left upper extremity as well as right upper extremity. Treating/Referral Provider Findings: Per agreed medical exam dated 11/12/13, on July 21, 2009 MD indicates severe depression. A

psychiatric evaluation conducted on 9/22/09 revealed major depressive disorder. A psychiatric panel completed on qualified medical exam completed on 12/14/10 again revealed depressive disorder. Per an agreed psychiatric evaluation done on 5/30/12, the injured worker was deemed to be permanent and stationary from a psychiatric perspective. In October, 2012 the injured worker was diagnosed with reactive depression. Conservative Treatment to Date: At the time of the 4/9/14 report, injured worker was being treated with Relafen 500 mg twice per day, Protonix 20mg 1-2 daily, Lyrica 25 mg twice per day, diclofenac sodium 1.5% cream, and tramadol/APAP 37.5/325 mg to 1 pill three times per day for pain. From her psychiatric provider she is taking alprazolam 0.5 mg tablet daily, Abilify 2mg and Prozac 20 mg. Per agreed medical exam dated 11/12/13, the treatment plan included ongoing psychotherapy. Per 7/23/14 notes from pain provider, requested cognitive behavioral therapy due to injured worker's complaints of hopelessness, anxiousness, excess muscle tension and sleep disturbances. Per 8/18/14 report from pain provider, her fluoxetine was increased to 40 mg and feels that this has helped with depression but notices headaches. Per 9/10/14 report from pain provider, TENS unit prescribed along with a six month pool membership. Diagnostic Testing: MRI of Cervical Spine done on 11/6/13 revealed disc protrusions at C3-4 and C5-6 with mild central and left neuroforaminal narrowing, as well as mild foraminal narrowing at C6-7 bulges. Emg/ncv done on 10/15/07 showed no evidence of left carpal tunnel syndrome or neurogenic thoracic outlet syndrome. There is no electrodiagnostic evidence of cervical radiculopathy. Cervical epidural steroid injection administered on 6/13/14. Diagnoses: Major depressive disorder, reactive depression, status post right shoulder surgery and right shoulder impingement, rotator cuff tendonitis, adhesive capsulitis, cervical spine disc bulge versus herniation nucleus pulposus with stenosis, bilateral medial lateral epicondylitis, chronic pain syndrome, depressive disorder due to industrial medical condition, resolving, pain disorder associated both with psychological factors and industrial orthopedic condition, sleep disorder due to industrial orthopedic condition, insomnia type and sexual dysfunction. Disputed Service(s): Transcranial Magnetic Stimulation 3x/week x 15 weeks (45 treatments). Request not consistent with ODG guidelines as medical records do not denote the following: failure of at least 3 different medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, plus, failure of a trial of electroconvulsive therapy due to inadequate response or intolerable effects of bona-fide contraindication to ECT, or failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable side effects or a positive clinical response to a previous course with TMS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transcranial magnetic stimulation three times a week for 15 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request is not reasonable as it is not in accordance with ODG guidelines. Medical records do not denote failure of at least 3 different medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, plus, failure of a trial of electroconvulsive therapy due to inadequate response or intolerable effects or contraindication to ECT, or failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable side effects or a positive clinical response to a previous course with TMS.