MAXIMUS Federal Services

Case Number:	CM15-0000851		
Date Assigned:	01/12/2015	Date of Injury:	12/10/2012
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on 12/10/2012. The current diagnoses are major depressive disorder, psychosis, substance abuse, PTSD, cognitive disorder, rule out sleep disorder, post-concussion syndrome, and chronic low back pain. Currently, the injured worker complains of depression. Current medications are Quetiapine, Sertraline, Clonazepam, Esterified Estrogens Methyltestosterone, and Tapentadol. The treating physician is requesting Transcranial Magnetic Stimulation, which is now under review. On 12/2/2014, Utilization Review had non-certified a request for Transcranial Magnetic Stimulation. The Transcranial Magnetic Stimulation was non-certified based on no evidence a sleep study was conducted. It would therefore appear prudent to investigate and treat her sleep disorder, and observe whether that improves her response to antidepressant therapy, before considering a course of TMS. Non- MTUS Guidelines were cited.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental DIsorders and TMS

Decision rationale: According to the ODG guidelines, TMS is under study for PTSD. Depression scores were significantly improved only after left rTMS treatment, and anxiety scores were significantly improved only after right rTMS treatment. The benefit only lasted 3 months in one study. Although the claimant has persistent symptoms of PTSD and depresssion stemming from the injury, the TMS is not validated by the guideliens and respective studies. Therefore at this time it is not medically necessary.