MAXIMUS Federal Services

Case Number:	CM15-0134015		
Date Assigned:	07/22/2015	Date of Injury:	06/07/2011
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for major depressive disorder (MDD) and chronic pain disorder reportedly associated with an industrial injury of June 2, 2011. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for 20 sessions of transcranial magnetic stimulation (TMS). A June 19, 2015 progress note was referenced in the determination. It was not clearly established whether this was a first-time request for TMS or an extension request. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated May 29, 2015. On an RFA form May 29, 2015, a functional restoration program was sought. In an associated progress note dated May 11, 2015, it was acknowledged that the applicant was seeing both a psychiatrist and a psychologist. Ongoing complaints of low back pain were reported with radiation of pain to the bilateral lower extremities status post earlier failed lumbar laminectomy. Permanent work restrictions were renewed. The applicant was on Naprosyn, tramadol, and Protonix, it was reported. In an April 20, 2015 RFA form, Effexor, Seroquel, cognitive behavioral therapy, and a functional restoration program were sought. In a March 6, 2015 psychology note, it was stated that this was the applicant's thirteenth session of psychotherapy via this particular course. Continued cognitive behavioral therapy, Effexor, and Seroquel were recommended. The applicant's Global Assessment of Function (GAF) was 57, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Start R TMS 20 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness and stress chapter Transcranial 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 Illness & Stress, Transcranial magnetic stimulation (TMS).

Decision rationale: No, the request for 20 sessions of transcranial magnetic stimulation was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Mental Illness and Stress Chapter Transcranial Magnetic Stimulation topic does recommended TMS for applicants with severe treatment-resistant major depressive disorder who have failed multiple different antidepressant medications and/or electroconvulsive therapy, here, however, there was no mention of the applicant's having failed multiple different classes of antidepressant medications. There was no explicit mention of the applicant's having received and/or failed electroconvulsive therapy (ECT) before the request for transcranial magnetic stimulation (TMS) was made. Multiple psychotropic medications, including Effexor and Seroquel, were continued on April 20, 2015, suggesting that the psychotropic medications in question were in fact generating some improvement and, moreover, obviating the need for the TMS in question. While it is acknowledged that the June 19, 2015 progress note and associated RFA form of June 22, 2015 on which the request for TMS were initiated were not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.