

Case Number:	CM15-0148754		
Date Assigned:	08/12/2015	Date of Injury:	06/24/2005
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury on 6-24-05. Diagnoses include major affective depressive disorder. Treatments to date include psychotherapy and prescription medications. The injured worker continues to experience depression. Upon examination, it was noted that the injured worker is taking Cymbalta and Ambien medications. She is oriented, cooperative, hypoactive, depressed and anxious with soft speech and constricted affect. A request for Retrospective Transcranial magnetic stimulation and Retrospective transcranial magnetic stimulation follow up at 3-5 per week up to 30 sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Transcranial magnetic stimulation: Upheld

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

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 and Stress.

Decision rationale: Regarding the request for transcranial magnetic stimulation, California MTUS and ACOEM do not contain criteria for this request. ODG states that transcranial magnetic stimulation may be indicated in patients with severe major depression following failure of at least 3 different medication trials from 2 different classes, failure of electroconvulsive therapy, failure of 4 different antidepressant medications, or a positive clinical response to previous course of treatment with TMS. A standard course of treatment consists of 30 treatments over 6-7 weeks followed by 6 treatment taper over 2-3 weeks. Within the documentation available for review, there is no indication that the patient has failed at least 4 different antidepressant medications, or that the patient has attempted ECT. In the absence of such documentation, the currently requested transcranial magnetic stimulation is not medically necessary.

Retrospective transcranial magnetic stimulation follow up at 3-5 per week up to 30 sessions: Upheld

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

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 and Stress.

Decision rationale: Regarding the request for transcranial magnetic stimulation, California MTUS and ACOEM do not contain criteria for this request. ODG states that transcranial magnetic stimulation may be indicated in patients with severe major depression following failure of at least 3 different medication trials from 2 different classes, failure of electroconvulsive therapy, failure of 4 different antidepressant medications, or a positive clinical response to previous course of treatment with TMS. A standard course of treatment consists of 30 treatments over 6-7 weeks followed by 6 treatment taper over 2-3 weeks. Within the documentation available for review, there is no indication that the patient has failed at least 4 different antidepressant medications, or that the patient has attempted ECT. In the absence of such documentation, the currently requested transcranial magnetic stimulation is not medically necessary.