

<b>Case Number:</b>	CM15-0160831		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Psychologist

### 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 59-year-old male, who sustained an industrial injury on September 27, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having mild major depressive disorder, cervical spine musculoligamentous strain and sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain and sprain, myofascial pain, lumbar spine musculoligamentous strain and sprain with radiculitis, rule out lumbar spine discogenic disease, right knee strain and sprain, and insomnia. Treatment and diagnostic studies to date has included chiropractic therapy, acupuncture, at least six sessions of transcranial magnetic stimulation. In a progress note dated June 19, 2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral cervical five and cervical six dermatomes, pain to the low back that radiates to the bilateral lumbar three and lumbar four dermatomes, pain to the mid to upper back, and pain to the right knee. Examination reveals tenderness to the cervical spine to the paraspinal muscles, spasms to the cervical spine, decreased range of motion, positive compression to the cervical spine, tenderness to the thoracic paraspinal muscles, thoracic spasm, decreased range of motion to the thoracic spine, tenderness to the lumbar paraspinal muscles, spasm to the lumbar spine, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, tenderness to the right knee, and decreased sensation. The injured worker's pain level was rated a 5 out of 10 to the mid to upper back, a pain level of 5 out of 10 to the low back, and a pain level to a 4 out of 10 to the right knee. The medical records provided included transcranial magnetic stimulation reports with a report from

July 9, 2015 noting mild improvement to the injured worker. The treating physician requested transcranial magnetic stimulation for 3 to 5 sessions per week for up to 30 sessions for treatment of depression.

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

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

#### **Transcranial magnetic stimulation 3-5 per week up to 30 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - 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 and Stress Chapter, Topic: Transcranial magnetic stimulation (TMS). March 2015 update.

**Decision rationale:** Recommended for severe treatment-resistant M MD as indicated below. Understudy for PTSD with initial promising results. Transcranial magnetic stimulation (TMS) is a non-invasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull, where it induces electronic currents that affect neuronal function. Repetitive TMS (R TMS) is being used as the treatment of depression and other psychiatric/neurological brain disorders. Depression: although questions still need to be answered about TMS, including the optimal length of treatment and usefulness of maintenance treatment, the most recent studies demonstrate efficiency and real-world effectiveness of TMS in the treatment of MDD and psychotic depression (i.e. Major Depression with psychotic features). Antidepressant medication remains the biological treatment of first choice for MDD, with cognitive therapy being overall first choice - TMS is a reasonable and appropriate next intervention after 3 failed medication trials plus a failed ECT trial, or after 4 failed medication trials. Criteria for TMS: diagnosis of severe Major Depression when the following criteria are met: Diagnosis of severe Major Depression when the following criteria are met: 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 (ECT) due to inadequate response or intolerable effects or bona-fide contraindication to ECT. Failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects. A positive clinical response to a previous course of treatment with TMS. Standard treatment consists of the following: A course of 30 treatments over 6-7 weeks, followed by a 6 treatment taper over 2-3 weeks. The first treatment session may include treatment planning, cortical mapping, and initial motor threshold determination. Treatments include 1-2 sessions for motor threshold re-determination during the course of treatment with TMS. Continued treatment with TMS after 30 treatments due to partial resolution of acute symptoms should be determined on a case-by-case basis. Maintenance treatment with TMS should be determined on a case-by-case basis. A request was made for transcranial magnetic stimulation 3 to 5 times per week up to 30 sessions, the request was non-certified by utilization review. Provided the following rationale for its decision: "the patient does not meet ODT criteria for TMS as there is no documentation of the patient has tried and failed psychotherapy, ECT, or for antidepressants. No justifiable rationale is provided as to why the patient cannot try these alternatives. Therefore the request should be non-certified." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this review. Several treatment progress notes from prior

TMS sessions were provided mostly occurring in July 2015. There is no clear indication of how much prior treatment he has received to date. This request is vague in the sessions quantity being requested as it is written as "up to 30 sessions". The official disability guidelines discussion of this treatment modality recommends a course of treatment consisting of 30 sessions. The patient has been receiving sessions of unknown quantity. Because this request is written non-specifically is considered to be a request for 30 sessions which would exceed the maximum course of treatment for this modality and that he is already received some. In addition there is no documentation provided of meeting the criteria for this treatment modality. It is stated in one note that the patient failed psychotropic medication but does not provide any details regarding how many medications were tried. The rest of the official disability guidelines criteria for this treatment modality are also not met. For example, the treatment is recommended for patients with severe Major Depression in this patient's diagnosis is of mild Major Depression. There was no explanation provided as to why this treatment modality would be utilized for this patient given his diagnosis as an explanation that might be reasonably considered. Finally, the treatment progress notes from the 4 or 5 sessions of TMS that have been provided do not contain adequate objectively measured outcome indices that could quantify improvement. One single statement of patient report symptomology intensity was provided at each session. Although the statements to provide a small amount of evidence of subjective improvement, it does not meet the criteria of objectively measured functional improvements. For these reasons, the request was not medically necessary due to insufficient documentation; therefore, the utilization review decision is upheld.