

<b>Case Number:</b>	CM15-0166373		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old female who sustained an industrial injury on 3-15-04. Her initial complaints are not available for review. However, the psychological consultation report, dated 4-7-15, indicates that the injury was sustained when she was attempting to prevent a heavy object from falling to the floor. The injury affected her neck, lower back, and right shoulder. The report states that the injured worker has had a previous industrial injury in 1985, which required cervical fusions in 1985 and 1987. She has also had non-industrial injuries to her chest and neck, resulting from a motor vehicle accident in 1985 and an injury to her low back in 1999. The psychological report indicates that she was referred for the consultation to "evaluate and treat psychological sequelae secondary to pain and disability from an industrial injury". In regards to her industrial injury, the injured worker reported frustration regarding "denials and delays in treatment". She reported that a recent MRI revealed a new herniated disc and the pain disrupts her sleep, contributing to a loss of her reflexes. She reported that she was scheduled for "epidural injections". She was noted to be taking Talwin and Motrin for pain. She has undergone physical therapy and trigger point injections, as well as chiropractic manipulation. Her diagnoses included major depression-moderate non-psychotic, pain disorder with both psychological factors and general medical condition, status post anterior cervical fusion with residual symptomatology, status post lumbar fusion with residual symptomatology, and chronic pain syndrome. The treatment recommendations included a consultation with a psychiatrist for possible electroshock therapy. A discussion was made regarding a psychiatric referral to evaluate for ECT and transcranial magnetic therapy. In addition to Talwin, she was noted to receive

Lexapro, Celexa, Ritalin, and Ambien. She was encouraged to reduce her use of Talwin. On 7-2-15, it was noted that she continued to be "significantly depressed secondary to her pain and disability". Acupuncture was recommended, but denied by insurance carriers. A recommendation for transcranial magnetic stimulation therapy was recommended. On 7-31-2015, Utilization Review non-certified the requests for electroconvulsive therapy #1 and transcranial magnetic stimulation treatment #1.

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

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

**One electroconvulsive therapy:** Overturned

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

**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, Electroconvulsive therapy (ECT).

**Decision rationale:** The CA MTUS is silent concerning electroconvulsive therapy (ECT), but the ODG recommends it in the event that antidepressant medications are proven ineffective, such that the usage of electroconvulsive therapy must be considered. Criteria include the diagnosis of severe major depression, especially in the presence of psychotic depression, with the following: failure of a trial of cognitive therapy; and failure of at least 3 different medication trials, from at least 2 different classes; or a positive clinical response to a previous course of treatment with ECT. According to treating provider notes from 1-4-2015, the injured worker had increasing suicidal ideation with sense of hopelessness regarding her situation and remains anxious with continued pain, inability to respond to treatment, and a dire future. She has had history of severe major depression, has undergone psychotherapy, and has had failure of multiple different medication regimens for her symptoms, to include Wellbutrin, Abilify, and Ritalin. The most recent note from 8-21-2015 stated that she has had some benefit from trazadone and Lexapro concerning her depression, but has had continued side effects. Based on the available medical records, it would appear reasonable for the injured worker to undergo ECT based on a long-term history of significant major depression and suicidal ideation. Therefore, the request for electroconvulsive therapy #1 is medically necessary and appropriate.

**One transcranial magnetic stimulation treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic 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) Mental Illness & Stress, Transcranial magnetic stimulation (TMS).

**Decision rationale:** The CA MTUS is silent regarding transcranial magnetic stimulation (TMS) treatment; however, the ODG recommended it for severe treatment-resistant MDD as indicated. It should be noted that TMS has also been under study for PTSD, with initial promising results. The most recent studies demonstrate efficacy and real-world effectiveness of TMS in the treatment of MDD and psychotic depression with the following criteria: failure of at least 3 different medication trials, from at least 2 different classes; plus failure of a trial of electroconvulsive therapy (ECT) due to inadequate response, intolerable effects, or bona-fide contraindication; or failure of at least 4 different antidepressant medication trials, from at least 2 different classes; or positive clinical response to a previous course of treatment with TMS. In the case of this injured worker, she has had medication trial failures, but she has not trial ECT, or had previous TMS. Therefore, the request for transcranial magnetic stimulation treatment #1 is not medically necessary or appropriate.