

Case Number:	CM15-0192475		
Date Assigned:	10/06/2015	Date of Injury:	02/19/2011
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 02-19-2011. She has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; sciatica; anxiety state not otherwise specified; and major depressive disorder. Treatment to date has included medications, diagnostics, activity modification, acupuncture, lumbar epidural steroid injections, physical therapy, and psychotherapy. Medications have included Naproxen, Gabapentin, Pantoprazole, Brintellix, Zoloft, Lunesta, and Belsomra. A progress report from the treating provider, dated 08-27-2015, documented an evaluation with the injured worker. The injured worker reported that she is feeling better; "I am calmer and less depressed"; she reports recently worsened sleep due to increased pain, but is still better on Belsomra; slightly less hopelessness; she has had two rTMS (repetitive Transcranial Magnetic Stimulation) sessions so far; she reports other symptoms such as poor concentration, attention and memory, increased appetite and weight gain, worthlessness, low energy and fatigue, irritability and anger to have been without a change; and she continues with group psycho-education for depression and anxiety and finds it beneficial. Objective findings included depressed mood; affect is slightly constricted, fluid, and appropriate to content and situation; thought process is linear, intermittently circumstantial; she is alert and oriented; forgetful; and she is compliant with the treatment plan. The treatment plan has included the request for group psychotherapy x 6 sessions; group CBT (cognitive behavioral therapy) x 6; med management monthly x 6; and rTMS 2-3 x 10-15 weeks. The original utilization review, dated 09-08-2015, non-certified the request for group psychotherapy x 6 sessions; group CBT (cognitive behavioral therapy) x 6; and rTMS 2-3 x 10-15 weeks; and modified the request for med management monthly x 6, to med management monthly x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy x 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends: screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and major depressive disorder and has undergone psychotherapy treatment. However, there has been no mention of the number of sessions completed so far or evidence of "objective functional improvement." The request for Group Psychotherapy x 6 Sessions is not medically necessary at this time based on lack of information regarding past treatment.

Group CBT x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and major depressive disorder and has undergone psychotherapy treatment. However, there has been no mention of the number of sessions completed so far or evidence of "objective functional improvement." The request for Group CBT x 6 is not medically necessary at this time based on lack of information regarding past treatment.

Med Mgt Monthly x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

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/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with Major Depressive Disorder and is being prescribed psychotropic medications including Brintellix, Zoloft, Lunesta, and Belsomra. Medications such as Lunesta and Belsomra are not indicated for long term use per guidelines. Antidepressants such as Zoloft and Brintellix do not require such close monitoring needing six more monthly office visits. Thus, the request is not medically necessary at this time.

rTMS 2-3 x 10-15 Weeks: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress/Transcranial magnetic stimulation (TMS) and Other Medical Treatment Guidelines FDA.gov: TMS (Transcranial magnetic stimulation).

Decision rationale: Per FDA.gov "A rTMS (Transcranial magnetic stimulation) system is an electromagnetic device that non-invasively delivers a rapidly pulsed magnetic field to the cerebral cortex in order to activate neurons within a limited volume without inducing a seizure. The device is intended to be used to treat patients meeting clinical criteria for MDD as defined in the Diagnostic and Statistical Manual of Mental Illnesses, Fourth Edition (DSM-IV). This guidance is issued in conjunction with a Federal Register notice announcing the classification of rTMS systems for the treatment of MDD." ODG states Transcranial magnetic stimulation (TMS) is under study for PTSD, with initial promising results. Non-invasive transcranial magnetic stimulation (TMS) of the dorsolateral prefrontal cortex relieves the core symptoms of PTSD; according to a recent double-blind RCT. Repetitive TMS (rTMS) has been tested in several small studies and is emerging as a potentially effective treatment for PTSD. The results confirm that high-frequency rTMS over the right dorsolateral prefrontal cortex may be the best approach in most patients, yet patients with high levels of depression may show greater benefit from high-frequency rTMS applied over the left dorsolateral prefrontal cortex. (Boggio, 2009) Criteria for Transcranial magnetic stimulation (TMS): 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, OR 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, OR 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." The injured worker suffers from major depressive disorder and has been treated so far with psychotherapy and medication management. However, she had not tried/failed multiple antidepressant trials or ECT which would warrant the need for TMS as stated above. Thus, the request for rTMS 2-3 x 10-15 Weeks is not medically necessary.