

Case Number:	CM15-0192836		
Date Assigned:	10/06/2015	Date of Injury:	02/03/2010
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 50 year old male who sustained an industrial injury on 2-3-2010. A review of medical records indicates the injured worker is being treated for major depressive disorder, lumbar strain, thoracic strain, and status post open reduction and lateral fixation left wrist. Medical records dated 8-13-2015 noted low back pain as dull, constant, radiating to bilateral lower extremity rated a 6-7 out of 10. Pain at prior visit was a 6 out 10. Physical examination noted lumbar spine had a cautious guarded gait. There was decrease range of motion on extension 50% of normal. There was slight loss of lordosis noted. There was tenderness to palpation throughout the lumbar paraspinal muscles with mild spasm noted on the right. Left wrist range of motion was 50% normal of flexion, extension and other deciation when compared to the right wrist. Treatment has included ibuprofen, omeprazole, Tens unit, a home exercise program, and Venlafaxine since at least 5-12-2015. Utilization review form dated 9-18-2015 non-certified rTMS 3 x a week for 10-15 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repetitive Transcranial Magnetic Stimulation (rTMS) 2-3 times a week for 10-15 weeks (total 20-45 visits): 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), Treatment Index, 13th Edition (Web), 2015, Mental Illness & 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 & Stress/TMS (Transcranial magnetic stimulation) and Other Medical Treatment Guidelines FDA.gov: TMS (Transcranial magnetic stimulation).

Decision rationale: Per FDA.gov; "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, 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 review of medical records indicates that the injured worker is being treated for major depressive disorder, however there is no documentation that suggests that he has had extensive treatment for the same in form of failure of multiple antidepressants or ECT as detailed above. Thus, the request for Repetitive Transcranial Magnetic Stimulation (rTMS) 2-3 times a week for 10-15 weeks (total 20-45 visits) is not medically necessary at this time.