

<b>Case Number:</b>	CM15-0208998		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: North Carolina

Certification(s)/Specialty: 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(n) 35 year old male, who sustained an industrial injury on 11-25-14. The injured worker was diagnosed as having major depressive disorder. Subjective findings (7-20-15, 9-8-15) indicated depression, poor appetite and difficulty sleeping. Objective findings (7-20-15, 9-8-15) revealed a linear and goal directed thought process. The treating physician noted that the injured worker appeared tense and worried and seemed withdrawn. Treatment to date has included physical therapy, psychotherapy, Norco, Fluoxetine and Temazepam. The Utilization Review dated 10-23-15, non-certified the request for initial transcranial magnetic stimulation and follow-up 3-5 x per week up to 30 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Transcranial magnetic stimulation (TMS): 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), Transcranial magnetic stimulation (TMS), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TMS.

**Decision rationale:** The ODG states that TMS is only indicated if certain criteria are met. These criteria include the diagnosis of severe major depression with failure of at least 3 different medication trails from at least 2 different classes of medication as well as failure of ECT therapy. The patient does have documented major depression but the other criteria have not been met in the provided documentation for review. Therefore the request is not medically necessary.

**Follow-up 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), Transcranial magnetic stimulation (TMS), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TMS.

**Decision rationale:** The ODG states that TMS is only indicated if certain criteria are met. These criteria include the diagnosis of severe major depression with failure of at least 3 different medication trails from at least 2 different classes of medication as well as failure of ECT therapy. The patient does have documented major depression but the other criteria have not been met in the provided documentation for review. Therefore the request is not medically necessary. As the TMs trial is not necessary, follow up visits for this therapy are not medically necessary.