

Case Number:	CM15-0215035		
Date Assigned:	11/04/2015	Date of Injury:	04/02/2015
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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 29 year old female, who sustained an industrial injury on 4-2-2015. Medical records indicate the worker is undergoing treatment for post-traumatic stress disorder with panic attacks and anxiety disorder. A recent progress report dated 9-17-2015, reported the injured worker complained of feeling detached and numb with hypersomnia-sleep issues, recurrent memories-thoughts, depression, irritability and panic attacks. Physical examination revealed the injured worker was fidgety, anxious and sad. Treatment to date has included psychotherapy and medication management. On 9-17-2015, the Request for Authorization requested cognitive behavior therapy with bilateral stimulation for post-traumatic stress disorder- 6 visits. On 10-1-2015, the Utilization Review modified the request for cognitive behavior therapy with bilateral stimulation for post-traumatic stress disorder- 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy with Bilateral Stimulation for PTSD - 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. 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: Decision: a request was made for cognitive behavioral therapy with bilateral stimulation for PTSD six visits. The request was modified by utilization review to allow for cognitive behavioral therapy six visits with the bilateral stimulation for PTSD component non-certified. This IMR will address a request to overturn the utilization review decision. The following is a summary of the Official Disability Guidelines citation for the requested treatment procedure. Citation Summary: Recommended for severe treatment-resistant MDD 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: 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 provided medical records do not support and substantiate the requested treatment under the current industrial guidelines. The patient does not appear to have received a full course of cognitive behavioral therapy and more conventional interventions such as EMDR and standard relaxation training techniques as well as exposure behavioral desensitization for panic attacks. The criteria of failed medication trials was also not met. In this case, it appears unlikely that based on the provided medical records, one of the criteria -a trial of electroconvulsive therapy ECT would be appropriate for this patient. That particular criteria should be waived however because the patient has not had a full course of conventional CBT per ODG guidelines 13 to 20 sessions with up to 50 sessions recommended for severe symptoms of PTSD or Major Depressive Disorder with documentation of patient improvement and benefit from the treatment. Since the medication criteria have not been satisfied, the request is not medically necessary and the utilization review modification for six sessions of CBT treatment is upheld.