

Case Number:	CM15-0059867		
Date Assigned:	04/06/2015	Date of Injury:	04/15/2004
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial contusion injury of April 15, 2004. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for 32 sessions of transcranial magnetic stimulation (TMS). A February 9, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had not maximized other psychiatric modalities before TMS was proposed. The applicant's attorney subsequently appealed. In an RFA form dated February 20, 2015, 36 sessions of transcranial magnetic stimulation at a rate of twice weekly was proposed. In an associated progress note dated February 9, 2015, the applicant apparently consulted a psychiatrist. The office visit was framed as a first-time office visit with said psychiatrist. The applicant was deemed "totally permanently disabled," it was acknowledged. The applicant presented with a variety of depressive symptoms. The applicant stated he has lost his career. The applicant was spending most of time alone, isolated, and significantly depressed. The applicant was given a primary diagnosis of major depressive symptoms (MDD) with associated Global Assessment of Functioning (GAF) 50. Thirty-six sessions of transcranial magnetic stimulation (TMS) were proposed. Laboratory testing to search for an organic cause of depression was also suggested. The applicant was reportedly using MS Contin, Topamax, and Prozac, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial Magnetic Stimulation 36 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, Head chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress Transcranial magnetic stimulation (TMS).

Decision rationale: No, the request for 36 sessions of transcranial magnetic stimulation was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of transcranial magnetic stimulation (TMS), the MTUS Guideline in ACOEM Chapter 15, page 405 does stipulate that the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. Here, thus, the request for 36 sessions of transcranial magnetic stimulation is at odds with the MTUS Guideline in ACOEM Chapter 15, page 405, as it made no attempt to base the frequency of transcranial magnetic stimulation visits on the severity of the applicant's symptoms and/or the applicant's response to therapy. ODGs Mental Illness and Stress Chapter notes that some of the criteria for pursuit of transcranial magnetic stimulation, a noninvasive means of delivering electrical stimulation to the brain include, failure of at least three different medication trials from at least two different medication classes, adequate dose and duration, failure of a trial of electroconvulsive therapy, and/or failure of four different antidepressant medication trials. Here, it did not appear that the applicant has optimized and/or maximized psychotropic medications. There was no mention of the applicant's having failed four different antidepressant medication trials, nor was there any mention of the applicant's having failed previous electroconvulsive therapy (ECT). The request, thus, as written, is at odds with both ACOEM and ODG principles and parameters. Therefore, the request was not medically necessary.