MAXIMUS Federal Services

Case Number:	CM15-0084454		
Date Assigned:	05/06/2015	Date of Injury:	02/22/2006
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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
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 62 year old female, who sustained an industrial injury on 02/22/2006. According to a psychiatry progress report dated 03/20/2015, the injured worker was still off all of her medications and was having significant depression and anxiety, but was not suicidal. Anxiety was evidenced by irritability, trembling and fidgeting. Her behavior in the session was cooperative and attentive with no gross behavior abnormalities. Diagnoses included major depressive disorder recurrent moderate and post-traumatic stress disorder. The injured worker was unable to get Prestiq covered through insurance. She was starting Paxil and Buspirone. The provider recommended transcranial magnetic stimulation therapy and a return visit in 2 weeks. Currently under review is the request for transcranial magnetic stimulation x 36 visits and office visits x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMS (Transcranial magnetic stimulation) x 36 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Mental Illness & Stress, Transcranial magnetic stimulation.

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 and Stress ChapterTranscranial Magnetic Stimulation (TMS).

Decision rationale: Based on the review of the medical records, the injured worker continues to struggle with psychiatric symptoms related to her February 2006 work-related injury. It was recommended that the injured worker receive TMS treatment, for which the request under review is based. The treating provider offers a relevant and appropriate argument for such treatment and the ODG recommends TMS for the treatment of severe, treatment-resistent depression. The ODG indicates that "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". Utilizing this guideline, the request for 36 TMS visits appears reasonable and medically necessary. It is noted that the injurd worker received a modified authorization ro 30 TMS visits in response to this request.

Office visits x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offiical Disability Guidelines (ODG)Mental Illness and Stress ChapterOffice Visits.

Decision rationale: Based on the review of the medical records, the injured worker continues to struggle with psychiatric symptoms related to her February 2006 work-related injury. It was recommended that the injured worker participate in TMS treatment with 2 follow-up office visits. The ODG recommends office visits as they are "determined to be medically necessary." The office visits are to serve as a way to assess symptoms and monitor progress. As a result, the request for 2 follow-up office visits appears reasonable and medically necessary.