

Case Number:	CM14-0014449		
Date Assigned:	02/28/2014	Date of Injury:	12/04/1992
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old female who has reported mental illness after an injury on 12/04/1992. She has been diagnosed with major depression. Per PR2's from 10/15/2013, 9/16/13, and 1/13/14, there were ongoing psychiatric signs and symptoms, including depression, anxiety, low self esteem, tearfulness, social withdrawal, suicidal ideation, and hallucinations. Recent prescriptions include Citalopram 60 mg, Risperdone 0.5 mg qhs, and Alprazolam 1mg qhs. The treating psychiatrist stated that transcranial magnetic stimulation (TMS) is the only treatment that has been successful for her. Prior TMS resulted in an improved mental status but the effect had worn off. She has failed multiple trials of medications and has not had a positive therapeutic response to counseling. Further TMS was recommended. The authorization request did not specify a number of visits. On 1/24/2014 Utilization Review modified the requested TMS, noting medical necessity and that 15 visits were certified of the unspecified quantity prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANS CRANIAL MAGNETIC STIMULATION (TMS) TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Transcranial magnetic stimulation (TMS).

Decision rationale: The California MTUS does not provide direction for TMS. The Official Disability Guidelines, cited above, notes some benefit in PTSD and depression. It appears that the injured worker's depression has been resistant to almost all medications and psychotherapy. It has been noted that she has had improvement with TMS in the past. She continues to have suicidal ideations. There may be medical necessity for Transcranial Magnetic Stimulation based on prior positive results; resistance to other forms of treatment, and inability to try ECT because of age and the various adverse effects on cognition. However, the request for TMS was for an unspecified quantity, which can imply a potentially unlimited number of treatments. This treatment should be for a limited number of visits, with regular assessment of medical status. The request for unspecified TMS is therefore not medically necessary.