

Case Number:	CM14-0165742		
Date Assigned:	10/10/2014	Date of Injury:	05/06/2011
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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:

The injured worker is a 49-year old male with a date of injury on 5/6/2011. In addition to his physical injuries, he was diagnosed with major depression. He reports auditory hallucinations of a command type that tell him to harm his family members. He had four prior psychiatric hospitalizations including two in 2013. In spite of aggressive pharmacotherapy he had continued, as of reports from February 2014, having auditory hallucinations with commands to hurt himself or others. He has had a suicide plan to shoot himself. The injured worker's provider has recommended electroconvulsive therapy or transcranial magnetic stimulation based upon his treatment-resistant depression. On 3/14 12 sessions of transcranial magnetic stimulation were authorized. The response to this treatment is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospitalization for ECT treatment: 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), Mental Illness and Stress Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low-Frequency Repetitive Transcranial Magnetic Stimulation Inferior to Electroconvulsive Therapy in Treating Depression. Journal of ECT:

March 2011 - Volume 27 - Issue 1 - pages 26-32. Electroconvulsive therapy reduces frontal cortical connectivity in severe depressive disorder. Proceedings of the National Academy of Science. vol. 109 no. 14

Decision rationale: Neither the Medical Treatment Utilization Schedule nor the Official Disability Guidelines directly address electroconvulsive therapy or transcranial magnetic stimulation in treatment-resistant depression. It would appear from the provided medical records that of the alternative somatic therapies recommended, namely electroconvulsive therapy and transcranial magnetic stimulation, the transcranial magnetic stimulation has been certified for 12 sessions. Lacking any documentation of a response or lack of response to this treatment, the indication for continued somatic treatment by utilizing electroconvulsive therapy remains unclear and is therefore not medically necessary.