

<b>Case Number:</b>	CM15-0012977		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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  
 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 33-year-old male who reported injury on 06/07/2013. The mechanism of injury was the injured worker had a heavy objective fall on him, and he was caught between a palate jack and a beam. The injured worker injured his head and neck, and right shoulder and elbow, as well as left ankle. The surgical history was stated to be no significant surgeries. The injured worker was noted to undergo cognitive behavioral therapy. The diagnosis included major depressive disorder, 1 episode without mention of psychotic behavior, and post-traumatic stress disorder. The most recent group psychotherapy note was dated 11/06/2014, and revealed the injured worker was benefiting from group therapy and should continue to attend. In a prior review dated 01/02/2015, there was a note dated 12/19/2014, which requested transcranial magnetic stimulation 3 times a week x15 weeks. The injured worker was noted to have come in for an evaluation due to a chief complaint of a depressed mood, irritability, avolition, anhedonia, decreased libido and concentration, increased appetite and weight gain, hopelessness, and helplessness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcranial Magnetic Stimulation 3x week x 15 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 11/21/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Richieri, R., Guedj, E., Michel, P., Loundou, A., Auquier, P., Lanon, C., & Boyer, L. (2013). Maintenance transcranial magnetic stimulation reduces depression relapse: A propensity-adjusted analysis. *Journal of affective disorders*, 151(1), 129-135.

**Decision rationale:** [REDACTED] (2013) "maintenance TMS was associated with a significantly lower relapse in patients with pharmacoresistant depression in routine practice among responders". The clinical documentation submitted for review failed to indicate a necessity for 15 sessions of trans-magnetic stimulation. There was a lack of documented rationale indicating a necessity for 15 sessions. Given the above, and the lack of documentation, the request for transcranial magnetic stimulation 3 times a week x15 weeks is not medically necessary.