

Case Number:	CM15-0140443		
Date Assigned:	07/30/2015	Date of Injury:	08/26/2014
Decision Date:	10/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 08-26-2014. Mechanism of injury was an assault by 2 men and sustained multiple contusion and abrasions to her bilateral wrists, right elbow, left and right side of her face and a head injury with no loss of consciousness. Diagnoses include recurring major depressive disorder and unspecified anxiety disorder, cervical myofascial pain, right lateral epicondylitis and right wrist tendonitis. Treatment to date has included diagnostic studies, medications, psychotherapy, Transcranial Magnetic Stimulation treatments, physical therapy, and shoulder steroid injection. She is not working. Current medications include Trazadone, Meloxicam, and Fluoxetine. A physician progress note dated 05-08-2015 documents the injured worker presented for a TMS treatment and felt the previous treatment did help some. She noted she feels a little less depressed but is irritable due to her pain. She does not feel like going out. Current examination showed mild improvement with her condition. No side effects since last treatment. Treatment requested is for Transcranial Magnetic Stimulation; follow up 3-5 per week up to 30 sessions, and Transcranial Magnetic Stimulation-initial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcranial magnetic stimulation - initial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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: According to the Official Disability Guidelines, "Transcranial magnetic stimulation (TMS) is under study for PTSD, with initial promising results. Noninvasive transcranial magnetic stimulation (TMS) of the dorsolateral prefrontal cortex relieves the core symptoms of PTSD, according to a recent double blind RCT. Repetitive TMS (rTMS) has been tested in several small studies and is emerging as a potentially effective treatment for PTSD. In this study patients were randomized either to right-side rTMS, left-side rTMS, or sham procedures. The treatments were given in 10 sessions every weekday for 2 weeks. At 5 and 10 days, right or left rTMS induced significant decreases in PTSD symptoms, whereas sham treatments had no significant effect. Improvements in the PTSD Checklist and the Treatment Outcome PTSD Scale were greater after right rTMS than after left rTMS, but the differences were only marginally significant. The improvement in avoidance and hyperarousal was larger after right rTMS than after left rTMS, the investigators say, whereas the improvement in re-experiencing was similar for the two sides. Depression scores were significantly improved only after left rTMS treatment, and anxiety scores were significantly improved only after right rTMS treatment. Performance in verbal fluency (as measured by the Controlled Oral Word Association Test) improved only after right rTMS, but other changes in cognitive function did not differ significantly between right and left rTMS. The beneficial effects persisted up to last follow-up (at 3 months) for both the PTSD Checklist and the Treatment Outcome PTSD Scale. This study supports the continuation of clinical investigation of brain stimulation for the treatment of PTSD, the authors concluded. The results confirm that high-frequency rTMS over the right dorsolateral prefrontal cortex may be the best approach in most patients, yet patients with high levels of depression may show greater benefit from high-frequency rTMS applied over the left dorsolateral prefrontal cortex. (Boggio, 2009)" Depression scores were significantly improved only after left rTMS treatment, and anxiety scores were significantly improved only after right rTMS treatment [PM5]. It appears that the IW'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. Per PR from 10/15/2013, IW's subjective complaints are depression, anxiety, low self-esteem, tearfulness, social withdrawal, and suicidal ideation. She had severe suicidal ideation with a plan recently as is evident from PR dated 9/16/2013 which suggested that she contemplated suicide recently by taking out a razor blade and wanting to cut on herself. The request for Transcranial Magnetic Stimulation- initial is not medically necessary as the injured worker has already received treatment with TMS in the past. The progress reports reflect that there was some subjective improvement with the treatment but there is no clear documentation regarding any evidence of objective functional improvement with the treatment thus far. Therefore the request is not medically necessary.

Transcranial magnetic stimulation, follow up 3-5 per week up to 30 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, Mental Illness & Stress.

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 request for Transcranial Magnetic Stimulation- follow up 3-5 per week up to 30 sessions is not medically necessary as the injured worker has already received treatment with TMS in the past. The progress reports reflect that there was some subjective improvement with the treatment but there is no clear documentation regarding any evidence of objective functional improvement with the treatment thus far. The request for continued treatment with TMS is not clinically indicated based on lack of information regarding the response from prior treatment. The request is not medically necessary.