

Case Number:	CM15-0141087		
Date Assigned:	07/30/2015	Date of Injury:	11/01/2008
Decision Date:	10/06/2015	UR Denial Date:	06/26/2015
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 63 year old female, who sustained an industrial injury on 11-1-2008. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-5-2015, the injured worker complains of right hand-wrist pain rated 6 out of 10 and low back pain. Physical examination was difficult to decipher. There was no documentation regarding the transcranial magnetic stimulation. The treating physician is requesting Transcranial magnetic stimulation, 3-5 per week for up to 30 sessions and Follow up visit after transcranial magnetic stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit after transcranial magnetic stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, pages 112, 127.

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) and Other Medical Treatment Guidelines FDA.gov: TMS (Transcranial magnetic stimulation).

Decision rationale: Per FDA.gov, "A rTMS(Transcranial magnetic stimulation) system is an electromagnetic device that non-invasively delivers a rapidly pulsed magnetic field to the cerebral cortex in order to activate neurons within a limited volume without inducing a seizure. The device is intended to be used to treat patients meeting clinical criteria for MDD as defined in the Diagnostic and Statistical Manual of Mental Illnesses, Fourth Edition (DSM-IV). This guidance is issued in conjunction with a Federal Register notice announcing the classification of rTMS systems for the treatment of MDD." ODG states "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. 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)" The injured worker suffers from carpal tunnel syndrome and the progress report indicate that she suffers from symptoms of depression and anxiety. There is no clear documentation regarding the detailed psychiatric symptoms, the treatments tried thus far for alleviating these symptoms. TMS is not indicated as the first line treatment for simple symptoms of depression and anxiety. Thus this treatment is not medically necessary.

Transcranial magnetic stimulation, 3-5 per week for 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 Chapter.

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) and Other Medical Treatment Guidelines FDA.gov: TMS (Transcranial magnetic stimulation).

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several small studies and is emerging as a potentially effective treatment for PTSD. 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)" The injured worker suffers from carpal tunnel syndrome and the progress report indicate that she suffers from symptoms of depression and anxiety. There is no clear documentation regarding the detailed psychiatric symptoms, the treatments tried thus far for alleviating these symptoms. TMS is not indicated as the first line treatment for simple symptoms of depression and anxiety. Thus, the request for Transcranial magnetic stimulation, 3-5 per week for up to 30 sessions is not medically necessary.