

Case Number:	CM15-0060329		
Date Assigned:	04/06/2015	Date of Injury:	06/27/2001
Decision Date:	05/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/30/2015

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, California
 Certification(s)/Specialty: Family Practice

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 68-year-old male patient who sustained an industrial injury to the psyche on 6/27/01. Current diagnoses included moderate major depressive disorder, recurrent episode and posttraumatic stress disorder. He sustained the injury while working in the office [REDACTED]. Per the note dated 4/16/2015, he was doing okay and completed 2 weeks of TMS. Per the psychiatric evaluation dated 3/7/15, he had complained of a decrease in appetite, fatigue, feelings of agitation, guilt, irritability, sadness and worthlessness. He had angry outbursts, panic attacks, racing thoughts, crying spells, decreased sociability, difficulty sleeping and increased worrying. The physical examination revealed irritable, inattentive, minimally communicative, anxious, moderate depression, depressed mood. The medications list includes zoloft, clonazepam, ambien, venlafaxine and viagra. He has tried multiple medications including prozac, paxil, celexa, effexor, cymbalta, trazadone, seroquel, risperidone, depakote, lithium and clonazepam. He had received ongoing psychiatric care for posttraumatic stress disorder, anxiety and depression. The treatment plan included laboratory studies, medications (Zoloft, Clonazepam, Ambien, Venlafaxine and Viagra) and 40 Sessions of transcranial magnetic stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 Sessions of transcranial magnetic stimulation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Transcranial magnetic stimulation (TMS).

Decision rationale: Request: 40 Sessions of transcranial magnetic stimulation. Per the cited guidelines Transcranial magnetic stimulation (TMS) is "Recommended for severe treatment-resistant MDD as indicated below. Under study for PTSD, with initial promising results. Transcranial magnetic stimulation (TMS) is a non-invasive method of delivering electrical stimulation to the brain. A magnetic field is delivered through the skull, where it induces electric currents that affect neuronal function. Repetitive TMS (rTMS) is being used as a treatment of depression and other psychiatric/neurologic brain disorders. In contrast to electroconvulsive therapy (ECT), TMS does not require anesthesia and does not induce a convulsion. TMS is also being tested as a treatment for a variety of other disorders including alcohol dependence, Alzheimer's disease, neuropathic pain, obsessive-compulsive disorder (OCD), post-partum depression, depression associated with Parkinson's disease, stroke, posttraumatic stress disorder, panic disorder, epilepsy, dysphagia, Tourette's syndrome, schizophrenia, migraine, spinal cord injury, fibromyalgia, and tinnitus." Depression: the most recent studies demonstrate efficacy and real-world effectiveness of TMS in the treatment of MDD and psychotic depression (i.e. Major Depression with psychotic features). Antidepressant medication remains the biological treatment of first choice for MDD, with cognitive therapy being overall first choice. ECT continues to be the most effective treatment for treatment-resistant depression, but the high incidence of functionally impairing adverse cognitive effects renders ECT undesirable in many cases. In addition, there is a cohort of patients who have failed or cannot tolerate antidepressant medications and ECT. For those patients, with the possible exception of major chest surgery and its attendant potential complications (i.e. for a Vagus Nerve stimulator implant, which is not recommended), TMS is the only treatment option that stands between possible relief of depression and continued indefinite suffering. That rationale, coupled with the results of the most recent studies, and with the knowledge that continued antidepressant medication trials after 3-4 trials have a high failure rate, leads to the conclusion that TMS is a reasonable and appropriate next intervention after 3 failed medication trials plus a failed ECT trial, or after 4 failed medication trials. (Lam, 2008) (Brunelin, 2014) (Gaynes, 2014) (Hovington, 2013) (Ren, 2014) See also Low-field magnetic stimulation (LFMS); Electroconvulsive therapy (ECT). PTSD: 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. Criteria for Transcranial magnetic stimulation (TMS): Diagnosis of severe Major Depression when the following criteria are met: Failure of at least 3 different medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, plus; Failure of a trial of electroconvulsive therapy (ECT) due to inadequate response or intolerable effects or bona-fide contraindication to ECT, OR; Failure of at least 4 different antidepressant medication trials, from at least 2 different classes, at adequate dose and duration or due to intolerable effects, OR; A positive clinical response to a previous course of treatment

with TMS. Standard treatment consists of the following: A course of 30 treatments over 6-7 weeks, followed by a 6 treatment taper over 2-3 weeks; The first treatment session may include treatment planning, cortical mapping, and initial motor threshold determination; Treatments include 1-2 sessions for motor threshold re-determination during the course of treatment with TMS; Continued treatment with TMS after 30 treatments due to partial resolution of acute symptoms should be determined on a case-by-case basis; Maintenance treatment with TMS should be determined on a case-by-case basis. The cited guidelines recommend "A course of 30 treatments over 6-7 weeks, followed by a 6 treatment taper over 2-3 weeks" of transcranial magnetic stimulation therapy for major depression and PTSD. This patient is having major depression and PTSD. He has tried multiple medications. Therefore, transcranial magnetic stimulation therapy is medically necessary and appropriate for this patient. However, guideline recommends total 36 visits for this diagnosis. Therefore, the requested sessions are beyond the recommended cited criteria. The medical necessity of 40 Sessions of transcranial magnetic stimulation, as requested, is not fully established for this patient. Therefore, the request is not medically necessary.