

Case Number:	CM15-0071890		
Date Assigned:	04/22/2015	Date of Injury:	11/26/1996
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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 37 year old female patient who sustained an industrial injury on 11/26/96. She sustained the injury due to fell on to her back from the second step of ladder. Diagnoses include major depressive disorder, rule out dissociative disorder; anxiety; panic attacks; hallucinations; lumbar facet arthropathy; lumbar sprain/ strain; obesity and new onset diabetes. Per the note dated 3/26/2015, mental status examination revealed no gross abnormalities. Per the doctor's note dated 2/6/2015, she had complains of increased constant, sharp, throbbing pain to the low back since she has been without medications. Her pain level is 10/10. With the pain her anxiety has increased. The physical examination revealed spasm, trigger points and decreased lumbar range of motion. Medications list includes Trazadone, Wellbutrin, Sonata, Lamictal, Zyprexa, Norco, meclufenamate. Treatments to date include medications which are helpful; acupuncture with improvement; bilateral lumbar median branch blocks at L3, 4, 5 on 9/19/14. On 3/27/15 the treating provider requested transcranial magnetic stimulation consult and thirty six transcranial magnetic stimulation visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMS consultation x1 visit: 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), Head and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 503.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: TMS consultation x 1 visit MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." TMS treatment is recommended for severe treatment-resistant MDD. Evidence of severe treatment-resistant MDD is not specified in the records provided. Failure of antidepressant is not specified in the records provided. Per the note dated 3/26/15, mental status examination revealed no gross abnormalities. The TMS consultation x1 visit is not medically necessary for this patient.

TMS (Transcranial Magnetic Stimulation) x 36 visits: 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), Transcranial Magnetic Stimulation (TMS).

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: TMS (Transcranial Magnetic Stimulation) x 36 visits. 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. This patient is having major depression. Evidence of severe treatment-resistant MDD is not specified in the records provided. Failure of antidepressants is not specified in the records provided. Per the note dated 3/26/15, mental status examination revealed no gross abnormalities. TMS (Transcranial Magnetic Stimulation) x 36 visits is not medically necessary for this patient.