

Case Number:	CM15-0073217		
Date Assigned:	04/23/2015	Date of Injury:	06/14/2012
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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
 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 54-year-old female, who sustained an industrial/work injury on 6/14/12. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and major depressive disorder, and anxiety disorder. Treatment to date has included medication, diagnostics, prior repetitive transcranial magnetic stimulation treatments (13 sessions), and group therapy. MRI results were reported on 11/21/12, 2/18/14 and 8/29/14. Electromyography and nerve conduction velocity test (EMG/NCV) was done on 7/5/13. X-Rays results were reported on 2/18/14. Currently, the injured worker complains of depressed mood with anhedonia and anxiety. Per the primary physician's progress report (PR-2) on 3/26/15, the injured worker reported feeling slightly better and more motivated. Examination noted depressed mood, fair eye contact, constricted affect, impaired attention/concentration, fair judgment, and fair insight. Current plan of care included medication adjustment, continue rTMS, and continue group therapy. The requested treatments include repetitive transcranial magnetic stimulation (rTMS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repetitive transcranial magnetic stimulation (rTMS) 2-3 times per week for 10-15 weeks:
 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 (updated 03/25/15)-Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Transcranial magnetic stimulation (TMS). March 2015 update.

Decision rationale: Citation Summary: The MTUS is silent r-TMS, however the ODG states that it is: recommended for severe treatment-resistant Major Depressive Disorder (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 electronic currents that affect neuronal function. Repetitive TMS (R TMS) is being used as the treatment of depression and other psychiatric/neurological brain disorders. Depression: although questions still need to be answered about TMS, including the optimal length of treatment and usefulness of maintenance treatment, the most recent studies demonstrate efficiency 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. TMS is a reasonable and appropriate next intervention after 3 failed medication trials plus a failed ECT trial, or after 4 failed medication trials. Criteria for TMS: diagnosis of severe Major Depression when the following criteria are met: 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. Decision: A request was made for rTMS 2-3x a week for 10-15 weeks, the request was non-certified by utilization review with a modification to allow for repetitive transcranial magnetic stimulation 2 times per week for 5 weeks. It is noted in the provided medical records that the patient has already been participating in this treatment and has that the patient has already received at the time of this request 13 sessions. This request is for an additional 2-3 times a week for 15 to 20 weeks of sessions, which is the equivalent of 20-45 additional sessions depending on the frequency of sessions per week and the duration of weeks. The treatment guidelines recommend a course of treatment consisting of 30 treatments over 6 to 7 weeks followed by a 6-session treatment taper over 2 to 3 weeks. Because this request exceeds treatment guidelines given that the patient has already received 13 sessions, the utilization review determination (which allowed for a modification to allow the patient to continue treatment for 10 more sessions) is appropriate and the medical necessity of this request, because it exceeds the treatment guidelines for quantity, has not been established and therefore the utilization review determination is not medically necessary.