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# Medical Necessity Letter

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To, Emily White

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**36802**

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## Diagnosis

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F33.2 (Major depressive disorder, recurrent, severe without psychotic features)

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## Proposed Treatment

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Transcranial Magnetic Stimulation (TMS) therapy

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## Detailed Explanation

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Ms. White suffers from severe, recurrent major depressive disorder. She has failed to achieve adequate remission despite trials of multiple antidepressant medications (including SSRIs, SNRIs, and atypical antidepressants) at therapeutic doses for adequate durations, and consistent psychotherapy for over two years. Her current symptoms include profound anhedonia, severe fatigue, significant sleep disturbance, and suicidal ideation, rendering her unable to maintain employment or engage in social activities. The risks of not receiving effective treatment include persistent severe depression, increased risk of suicide, functional decline, and chronic disability. Less intensive treatments have proven ineffective. TMS therapy is a non-invasive, evidence-based treatment approved for medication-resistant depression, targeting specific brain regions involved in mood regulation. Given her treatment-refractory status, TMS is medically necessary to achieve symptomatic improvement and prevent further deterioration.

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# Doctor's Signature

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