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| Case Number: | CM13-0010620 | | |
| Date Assigned: | 09/17/2013 | Date of Injury: | 08/31/2011 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 07/16/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31-year-old female with a date of-injury of 8/31/2011. She suffered a fall with extension and closed head injury/cervical sprain with post-traumatic headaches, nausea. She was pregnant and has subsequently delivered and is regaining some level of stamina however, she was having increased headache, neck pain, dizziness, photosensitivity and nausea. Diagnoses: closed-head injury, memory impairment, fatigability, and impaired concentration with cervico-occipital headaches, post-traumatic migraine headaches and cervical sprain, and possible neurovascular thoracic outlet syndrome contributing to neck pain and post-traumatic headaches and decreased mentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neuropsychology testing between 6/28/2013 and 9/9/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Section Behavioral Interventions

Decision rationale: The ODG recommends neuropsychological testing for "severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For

concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate." The request for one neuropsychology testing between 6/28/2013 and 9/9/2013 is medically necessary and appropriate.

Twelve (12) cognitive behavioral therapy sessions between 6/28/2013 and 9/9/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cognitive Behavioral Therapy (CBT)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS guidelines indicate cognitive behavioral therapy (CBT) is indicated for patients with chronic pain. Patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for at risk patients should be physical medicine for exercise instruction, using a cognitive motivation approach to physical medicine. The consideration for separate psychotherapy CBT referral can be made after 4 weeks if lack of progress from physical medicine alone in which an initial trial of 3 to 4 psychotherapy visits over 2 weeks is warranted. Lastly, with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks is warranted. Per the employee's documentation, the employee was under physical therapy instruction around the month of 09/2012 with no documented improvement in pain or function. As indicated in the guidelines, a recommendation for CBT can be made if there is lack of progress from physical medicine alone. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain Therefore the request for 12 cognitive behavioral therapy sessions between 6/28/2013 and 9/9/2013 is not medically necessary.

Unknown pain medications between 6/28/2013 and 9/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pain Interventions and Treatments Page(s): 11.

Decision rationale: The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the MTUS guidelines. With regard to the frequency and intensity requirements, the treating physician is required, as indicated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailor[ing] medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient." Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment

must be tailored for the individual case." In this case the treating physician has made no request for a prescription pain medication .

Unknown chiropractic sessions between 6/28/2013 and 9/9/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS guidelines indicate the following regarding manual therapy: (a) Time to produce effect is 4-6 treatments; (b) Frequency is 1-2 times per week for the first 2 weeks and may continue at 1 treatment per week for the next 6 weeks; (c) Maximum duration is 8 weeks, after which the patient should be reevaluated. Additionally, if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as avoid catastrophizing and over-dependence on physicians, including doctors of chiropractic, according to the MTUS guidelines. Other guidelines recommend two trials, with a total of up to 12 trial visits, and reevaluation in the middle, before also continuing up to 12 more visits (for a total of 24), especially if the documentation of improvement has shown that the patient has achieved or maintained return to work status. Therefore, the request for unknown chiropractic sessions between 6/28/2013 and 9/9/2013 is not medically necessary.