

Case Number:	CM13-0015743		
Date Assigned:	03/12/2014	Date of Injury:	01/18/2011
Decision Date:	08/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Psychiatry, 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 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/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:

This is a 48-year-old male with a date of injury of 1/18/11. The patient slipped and fell, hitting his head with a loss of consciousness. On 4/14/14, psychotherapy note indicated the patient has poor memory, headaches, fatigue, isolation, and shame. Objective: the patient has noted deficits in his ability to recall, stay focused, and with word retrieval and articulation of speech. He is driven to the session by family members and reports that he is unable to focus over 15 to 20 minutes. He has had 4/6 total authorized sessions of psychotherapy. A neurology QME on 7/11/12 recommended an educational session with a neuropsychologist to assist in providing information regarding typical recovery after a mild traumatic brain injury, and facilitating a gradual work re-entry. A psychotherapy note dated 6/26/13 indicated that ongoing psychopharmacological medication management was being requested for 6 months. An initial CT scan of the head on 1/18/11 showed a high posterior right parietal scalp hematoma with no skull fracture and no evidence of acute intracranial trauma. Diagnostic impression: Depressive Disorder, Cognitive Disorder, Personality Change due to General Medical Condition, Post concussive Syndrome. Treatment to date includes psychotherapy, psychiatric medication management, vestibular therapy, post-operative physical therapy, and speech therapy. A UR decision dated 8/12/13 was reviewed. The individual psychotherapy sessions were modified from 25 to 12 sessions because the patient is noted to be making progress in psychotherapy and an additional 12 sessions is appropriate. The Neurocognitive Rehabilitation with neuropsychology specialist was denied as the doctor's treatment coordinator did not indicate that the doctor had requested this therapy. The medication management with psychiatrist was denied because it was unclear which medications were being requested or the dosages and duration of treatment. The Transportation to appointments greater than 15 minutes was denied due to the fact that the patient was noted to have alternative means of transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions QTY:25: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions pg 19-23 Page(s): 19-23.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, this patient has already been authorized for 6 sessions of psychotherapy. He has been noted to have improvement with the sessions and be motivated to improve his mood and ongoing anxiety and depression. However, an additional 25 sessions would equal 31 sessions of psychotherapy in total, which far exceeds guideline recommendations. The UR decision did modify the psychotherapy sessions from 25 to 12 additional sessions. Therefore, the request for Individual Psychotherapy Sessions Qty 25 is not medically necessary.