

Case Number:	CM13-0018766		
Date Assigned:	01/15/2014	Date of Injury:	05/05/2010
Decision Date:	03/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

This patient reported a work related injury on May 5, 2010 during the course of his work in construction labor when he was adjusting very large and heavy boards weighing 400-500 pounds, and he was hit in the head with two of them. He reports periodic problems with headache, concentration-difficulty sustaining focus as well as memory difficulties. Also reported is visual problems, depression and anxiety and he has a diagnosis of traumatic head injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 sessions of Cognitive Behavior Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (2013) Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions: Cognitive Behavior Treatment Page(s): 23.

Decision rationale: The guidelines state that an initial trial of 3-4 psychotherapy sessions over a 2 week period be used and with evidence of objective functional improvement a total of 6-10 visits over a 5-6 week period would be indicated. The medical reports provided for this review

were few and mostly consisted of duplicated reports. Absent were any and all progress notes from the psychotherapy provided so far. A request for more treatment from the provider states that he has had 6 psychotherapy sessions out of 7 that were authorized. Given the severe blow to his head it is likely that additional therapy and psychiatric medication would be of some benefit to this patient, however documentation of objective functional improvement gained from the initial set of sessions is required and was not provided and so the non-certification is upheld.