

Case Number:	CM13-0024543		
Date Assigned:	11/20/2013	Date of Injury:	10/18/2011
Decision Date:	02/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 case involves a 37 year old male with the following Diagnoses: 1. Status post traumatic brain injury with posttraumatic headache. 2. Concentration difficulties. 3. Hypersexuality. 4. Anxiety and depression with disorders of traumatic brain injury. 5. Large right temporal epidural hematoma with a countercoup left front temporal subarachnoid hemorrhage. 6. Multiple areas of intra parenchymal hemorrhage suggestive of diffuse axonal injury. 7. Non-displaced fracture through the squamous portion of right temporal bone. 8. Superficial Incisional Primary craniotomy and duraplasty (10/18/11). 9. Right clavicle fracture. 10. Left knee open fracture. 11. Extropia s/p trauma. Refractive error. Partial third Cranial Nerve palsy, mostly resolved. 12. Post-traumatic headaches with cognitive dysfunction and dizziness. 13. Mild to moderate right ulnar nerve entrapment at the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral and supportive psychotherapy two (2) times per week for six (6) weeks with follow up office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG-TWC, Integrated Treatment/Disability Duration Guidelines

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, page 23 has the following to state about Behavioral interventions: Recommended; the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines for patients without PTSD. This patient was not diagnosed with PTSD. However this patient suffered extremely severe, catastrophic head trauma. Patients without PTSD get 10 visits per guidelines. Patients with PTSD get many more visits than 10. "The CA MTUS Chronic Pain Medical Treatment Guidelines do not address psychotherapy in the context of Post-Traumatic Stress Disorder. The ODG does address this issue below. ODG - TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Section on PTSD psychotherapy interventions, ODG Psychotherapy Guidelines: - Initial trial of 6 visits over 3-6 weeks - With evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders or personality disorders. (Leichsenring, 2008) 12 psychotherapy sessions exceeds the guideline of 10. However, it only exceeds the guideline by 2 sessions. Further, this patient had extremely severe brain trauma. Even without the formal diagnosis of PTSD it seems reasonable to allow 12 instead of the customary 10 sessions because the guidelines recognize that patients with trauma need more sessions.