

Case Number:	CM13-0031055		
Date Assigned:	12/04/2013	Date of Injury:	08/30/2010
Decision Date:	01/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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:

The patient is a 42-year-old actor who was on a [REDACTED]. The patient states that in the scene, there was supposed to be a close-up of his face being punched with a boxing glove, impacting the right side of his face and turning his head to the left. The patient states that he did not know in advance that there would be so much impact. The patient states that his teeth hit together with so much impact that two of his teeth were chipped. The patient was seen initially at [REDACTED] emergency room and diagnosed with a concussion after an examination. He states that he was told by the emergency room doctor that he would have symptoms lasting anywhere from 2 to 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of individual psychotherapy between 09/11/2013 and 10/26/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines page 23, has the following to state about Behavioral interventions: Recommended. The identification and reinforcement of

copied skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. 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. In this case a number of visits exceeding ten (12 in this case) is being requested. Twelve psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.