

Case Number:	CM13-0049075		
Date Assigned:	01/31/2014	Date of Injury:	04/28/2012
Decision Date:	10/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 a licensed Doctor of Psychology and is licensed to practice in Texas. 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:

The injured worker is a 63-year-old male with a reported injury on 02/28/2012. The mechanism of injury is unknown. However, the injured worker was found at work with multiple injuries consisting of a subarachnoid hemorrhage in the left inferior middle cranial fossa, hemorrhagic parenchymal contusion with right lateral temporal lobe and right frontotemporal subdural hematoma, a fracture of the right orbital floor, and damage to his eye, either from brain swelling or an assault which led to vision changes. The injured worker's diagnoses include chronic low back pain, cervical spine injury, carpal tunnel surgery, physical disability, adjustment disorder with mixed anxiety and depressed mood, and a cognitive disorder. The injured worker's past treatments have included medications and at least 12 psychotherapy visits. The injured worker's diagnostic testing included an MRI of the lumbar and cervical spine on 07/30/2013 and psychological testing. No pertinent surgical history was provided. The most recent documentation provided was dated 10/03/2013. However, this documentation did not include anything regarding the patient's psychiatric needs. The most recent psychotherapy note dated 09/13/2013 indicated that the injured worker had demonstrated improvement with symptoms by making attempts to increase his time spent in productive, stress reducing activities and improved perception of chronic pain with increased activity level, increased understanding about impact head injury has on his mood and functioning, developing coping strategies to manage his depression and anxiety, increased awareness of his isolation behaviors with attempts to increase social interaction, meeting behavioral goals to interact with others, increased awareness of compensation strategies for cognitive impairments. The injured worker reported feeling he had made improvements in cognitive functioning and felt better adapted to his post injury difficulties, utilization of support from significant other, and a slight decrease in anxiety. The injured worker continued to have difficulty sleeping due to pain, anxiety about his future, depression related to

the loss of functioning, loss of confidence, increased irritability and lowered frustration tolerance, difficulty initiating tasks, low motivation, and mild depression and anxiety symptoms. The clinician indicated that the injured worker should continue to participate in psychotherapy with a cognitive behavioral psychologist to address emotional distress associated with adjustment to his disability and submitted a request for additional cognitive behavioral therapy sessions, 1 every 2 to 3 weeks, due to improvement in mood and increased activity level. The injured worker's medications included Percocet. The request was for 4 individual psychotherapy sessions, every 2 to 3 weeks. The rationale for the request were as listed above. The Request for Authorization Form was submitted on 09/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Individual Psychotherapy sessions, every 2-3 weeks: 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 Behavioral interventions Page(s): 23.

Decision rationale: The injured worker reported he was able to complete his behavioral goals. Increase in physical activity was reported, including walking, attending family events, doing things around the house, and attending his grandchildren's sports games. The injured worker reported increase in interaction with others including speaking to family members on the phone, visiting a friend who was in the hospital, and attending some fun events with his wife. He had also made efforts to engage in relaxation activities. The California MTUS Chronic Pain Guidelines do recommend individual sessions of behavioral interventions/cognitive therapy for the identification and reinforcement of coping skills. Specifically, they recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective function improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be approved. Twelve documented individual psychotherapy visits were provided with the documentation for review indicating that the injured worker has exceeded the recommended number of visits. Therefore, the request for 4 individual psychotherapy sessions every 2 to 3 weeks is not medically necessary.