

Case Number:	CM13-0056814		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2010
Decision Date:	03/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 date of injury of 05/01/10. A progress report associated with the request for services, dated 10/24/13, identified subjective complaints of decreased visual and auditory hallucinations. He complained of increased stress since his cognitive training had ended. Objective findings included tenderness of the lumbar spine and bilateral temple tenderness. There was normal motor but decreased sensation in the lower extremities. Diagnoses included post concussive syndrome; and status post mandibular fracture with temporomandibular joint (TMJ) symptoms. Treatment has included 8 weeks of cognitive therapy and 6 physical therapy sessions beginning in February of 2013. An additional 8 weeks of cognitive therapy were begun in August of 2013. He has also used a TENS unit as well as oral medications. A Utilization Review determination was rendered on 11/12/13 recommending non-certification of "additional cognitive skills training, 10 hours per week for 4 weeks; six (6) physical therapy sessions for TMJ syndrome".

IMR ISSUES, DECISIONS AND RATIONALES

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

request for additional cognitive skills training, 10 hours per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Behavioral Therapy.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) state that cognitive behavioral therapy (psychological treatment) is recommended for appropriately identified patients during treatment for chronic pain. The Official Disability Guidelines (ODG) recommends up to 13-20 visits for cognitive behavioral therapy (CBT) over 7-20 weeks if progress is being made. In cases of Major Depression or post-traumatic stress disorder, up to 50 sessions are recommended if progress is being made. In this case, the record indicates that the patient has had 16 weeks of 10 hour per week cognitive therapy. There is no mention of Major Depression or PTSD. Therefore, there is no documented medical necessity for further cognitive behavioral therapy.

request for 6 physical therapy sessions for TMJ syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, the Official Disability Guidelines (ODG) recommends 6 visits over 4 weeks for temporomandibular joint disorders. In this case, the patient has already received 6 prior physical therapy sessions. Likewise, there is limited documentation for the home therapy component of this approach. Therefore, the record does not document the medical necessity for 6 additional sessions of physical therapy.