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| <b>Case Number:</b>   | CM13-0061513 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/14/2013 |
| <b>Decision Date:</b> | 03/24/2014   | <b>UR Denial Date:</b>       | 12/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 Expert Reviewer is Licensed in Psychology 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 claimant is a 50 year-old male (██████████) with a date of injury of 3/14/12. According to medical reports, the claimant sustained a head trauma when he fell backwards, hit his head, and lost consciousness, which resulted in eventual brain surgery. The claimant sustained this injury while working for ██████████. In his 11/7/13 report, ██████████ diagnosed the claimant with subdural hematoma due to trauma with brain compression. Additionally, ██████████, in his 12/9/13 "Panel Agreed Medical Examination", diagnosed the claimant with: (1) Closed head injury, left frontotemporal subdural hematoma status post burr hole excavation; (2) Rule out central sleep apnea and/or architectural sleep disturbance; and (3) Sexual dysfunction. It is also reported that the claimant is experiencing psychiatric symptoms secondary to his work related physical injury. In his 11/19/13 "Psychological Status Report", ██████████ diagnosed the claimant with Adjustment disorder with anxiety and Cognitive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 occasional extended psychotherapy session:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** The CA MTUS does not address the use of psychotherapy for the treatment of psychiatric conditions therefore, the Official Disability Guideline regarding the use of cognitive behavioral therapy will be used as reference in this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] on 11/15/12 and began his first set of six psychotherapy/biofeedback sessions on 12/18/12. There are records indicating that the claimant completed his first set of 6 authorized sessions on 2/27/13. There are also records indicating that an additional 6 sessions were begun on 6/19/13 with the fifth session on 9/11/13. There is no record of a final session. It is unclear whether the claimant received services between March and June 2013. If he did, the records were not offered for review. If he did not, it is unclear why there was a break in services. In his 11/19/13 "Psychological Status Report", [REDACTED] provided an argument for further sessions however, the last session recorded was on 9/11/13, two months prior to the report date. There does not appear to be any recent or updated information supporting the need for additional services. Without any current information to substantiate the request, the request for "1 occasional extended psychotherapy session" is not medically necessary."

**6 additional psychotherapy sessions in conjunction with 6 sessions of psychophysiological therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback and the Official Disability Guideline for the use of cognitive behavioral treatment will be used as references in this case. Based on the review of the medical records, the claimant was initially evaluated by [REDACTED] on 11/15/12 and began his first set of six psychotherapy/biofeedback sessions on 12/18/12. There are records indicating that the claimant completed his first set of 6 authorized sessions on 2/27/13. There are also records indicating that an additional 6 sessions were begun on 6/19/13 with the fifth session on 9/11/13. There is no record of a final session. It is unclear whether the claimant received services between March and June 2013. If he did, the records were not offered for review. If he did not, it is unclear why there was a break in services. In his 11/19/13 "Psychological Status Report", [REDACTED] provided an argument for further sessions however, the last session recorded was on 9/11/13, two months prior to the report date. There does not appear to be any recent or updated information supporting the need for additional services. Without any current information to substantiate the request, the request for "6 additional psychotherapy sessions in conjunction with 6 sessions of psychophysiological therapy" is not medically necessary."

