

Case Number:	CM13-0071136		
Date Assigned:	01/08/2014	Date of Injury:	02/28/2013
Decision Date:	06/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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 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:

According to the files provided for this independent medical review, this patient is a 27-year-old male patient who reported an industrial/occupational work-related injury on February 28 2013. At that time he was engaged in his normal course of work duties for [REDACTED], as a freezer loader and received an electrical shock when he touched a fork lift, the shock was to his right hand the traveled up his arm exited his scalp, were there were several probably exit wounds. He subsequently suffered noticeable cognitive changes and general weakness occurred as well as loss of sensation in his arm. His fingers turned black and he was unable to move them or feel anything in his arm. Psychologically he presents as being emotionally withdrawn with dysphoric mood, insomnia and depression. The patient recorded a score of 47 on the Beck Depression Inventory to which place is in the range of severe clinical depression and also on the Beck Anxiety scored a 27 which is moderate clinical anxiety and on the Beck Hopelessness scale score of 17 or severe symptoms of hopelessness. He reports feelings psychologically numb and being very hyper sensitive around electricity like power plugs and electrical boxes and he feels his future is bleak and is having angry outbursts, yelling, cursing and breaking and throwing things (e.g. glass, a guitar, and a table). He is often and restless and has difficulties with sleep and sensitivity to loud noises. There are difficulties with headache and some are easily caused by bright lights and loud noises and at times he becomes nauseous. He has been diagnosed with major depressive disorder, to moderate to severe and PTSD (post traumatic stress disorder), and cognitive disorder not otherwise specified, and mild cognitive impairment. Also he has a diagnosis of pain disorder associated with both psychological factors in a general medical condition, and a rule out somatoform disorder not otherwise specified. There is also a mention of traumatic brain injury with right arm nerve damage and insomnia. A

request for combined Psychotherapy and cognitive rehabilitation for 12 sessions was non-certified this independent medical review will concern itself with a request overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBINED PSYCHOTHERAPY AND COGNITIVE REHABILITATION FOR 12 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness And Stress Chapter, Psychotherapy Guidelines.

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

Decision rationale: The psychotherapy treatment progress notes provided a sufficient description of the therapy that was already provided. Before the therapy was discontinued due to the non-certification they were working on reviewing negative cognitive distortions, increasing awareness of behavioral and alternative adaptive coping, self-care planning and structured daily planning for routine adaptive self-care behaviors, as well as addressing issues of his daily functioning and self-regulation and general disinterest in the world. This patient is clearly in the state of psychological distress and has significant symptomology that indicates medical necessity for continued treatment of Major Depression, Anxiety, and cognitive difficulties due to his head injury. Although it is unclear exactly how many sessions of therapy the patient has had at this juncture it appears that it is somewhere between four and six sessions. Although it does appear that so far the patient has not substantial objective functional improvements based on the initial sessions, given the severity of what occurred to him and difficult nature of treating traumatic brain damage, the amount of progress expected based on initial set of sessions has to be adjusted downward somewhat as the psychological and neurological injuries would be expected to require a longer and more extended trial to see how if therapy is benefiting him. The MTUS guidelines for head injury psychotherapy are non-specific however the ODG psychotherapy guidelines do state that after initial trial of up to 6 sessions, up to thirteen to twenty visits over a seven to twenty week maybe used if there is improvement and in complex cases of Depression and/or PTSD up to fifty sessions again if there is significant documents functional improvements. Allowing this patient an additional block of twelve sessions of therapy to determine whether or not the patient is in fact making progress or not more clearly would be a reasonable and medically necessary intervention at this juncture to allow. The request for combined psychotherapy and cognitive rehabilitation for twelve sessions is medically necessary and appropriate.