

Case Number:	CM14-0006012		
Date Assigned:	03/03/2014	Date of Injury:	03/15/1997
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 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:

Based on the files provided for this independent medical review, this patient is a 50 year old female who reported an industrial/occupational work related injury on 3/15/1997. The injury occurred during the course for her work duties as a human resources manager when she was injured in a motor vehicle accident during a company retreat held out of state. She has diagnoses of traumatic brain injury with frontal lobe dysfunction that has resulted in regulatory emotional issues. She has also been diagnosed with personality changes secondary to traumatic brain injury, as well as dementia due to traumatic brain injury and pain disorder associated with both psychological factors and a general medical condition. The patient appears to have ongoing problems with emotional regulation and impulse control. She also has diagnoses of Major Depressive Disorder, Moderate. The patient is severely depressed and unable to function normally. A request for 12 sessions of psychotherapy to be held once every one to two weeks was non-certified, however and modification was offered of 8 sessions. This independent medical review will specifically address a request to overturn the non-certification of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY (12 VISITS) 1 VISIT EVERY 1-2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 101-102, PSYCHOLOGICAL TREATMENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL TREATMENTS, COGNITIVE BEHAVIORAL THERAPY, 101-102, 23

Decision rationale: Based on my comprehensive and thorough review of the patient's medical records that was provided for this review (which did not contain much information about her past psychological care other than mentioning the patient found it helpful), it is very clear that this patient will likely require ongoing psychological assistance as a result of her work related traumatic brain injury. There should first be the use of 8 visits as an initial trial to see how she responds in terms of objective and documented functional improvements. If she is responsive to an initial set of 8 sessions then additional sessions can be, and should be offered to this patient if medically necessary as it is at this time. The decision to not overturn is not medically necessary is not based on of finding that the patient is not in medical need for psychological treatment, it is based on simply on the need to follow the Chronic Pain Medical Treatment Guidelines procedure and protocol which states that initial block of sessions (typically 3-4 sessions) should be conducted to determine response and if functional improvements are shown and then further treatment can be authorized. Again any future therapy, if needed, will be contingent on the patient documented functional objective improvements. There for the request is not medically necessary.