MAXIMUS Federal Services

Case Number:	CM14-0006550		
Date Assigned:	03/03/2014	Date of Injury:	03/10/2012
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 licensed 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 records provided for this independent medical review, this patient is a 46 year old male who reported an industrial/occupational work related injury on March 10th 2012. The accident occurred while the patient was at work and reportedly sitting in the backseat of a car while on a demo ride with a customer when they were hit from behind by a car going 60 mph. The patient's head and upper body were thrust backwards and forwards and he lost consciousness for about 10 to 15 seconds. Pt reported immediate headache, wobbly legs, forgiveness, and difficulty thinking clearly, stuttering and slurring his words. Subsequently he was diagnosed with whiplash and bulging discs, and reports insomnia, difficulty staying asleep, double vision, blurriness, headaches as well as neck pains. Currently he is reporting ongoing neck pain and numbness in the left arm and left leg, headache, balance problems and fatigue. The fatigue is quite extreme at times. He also reports having memory problems, organizational problems, and word finding problems, well as other cognitive difficulties: he reports depression, irritability, anxiety and changes in his sex drive since the accident. He was diagnosed with concussion, post concussive syndrome, and r/o mild cognitive impairment, amnestic type and r/o vascular dementia. Both the Beck Anxiety and Depression Inventories suggests severe symptomology. A request for cognitive behavioral therapy with biofeedback 6 visits one time every other week with treatment performed on different days was non-certified. A modification was offered to allow for four sessions. This independent medical review will address request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY BIO FEEDBACK X 6 VISITS IN THE OFFICE. 1 VISIT EACH EVERY OTHER WEEK. TREATMENT PERFORMED ON DIFFERENT DAYS: Overturned

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, ,

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 , PART TWO: BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY, 23

Decision rationale: After a thorough and comprehensive review of the patients medical chart as it was provided to me for this IMR, I've concluded that this patient's psychological symptoms meet the criteria for medical necessity for cognitive behavioral therapy six sessions. The non-certified should be overturned. A modification of the request was offered that reduced the sessions from 6 down to 4 but no rationale or explanation for the decrease of sessions was given in any of the paperwork that I reviewed. In addition the ODG (official disability guideline) for cognitive therapy for depression say that four to six sessions should be sufficient to provide evidence of symptom improvement (if present) and noting that functional and quality-of-life indices do not necessarily changed dramatically with such a short duration of psychotherapy but that with some progress being made, up to 13 to 20 visits over a 17 to 20 week can be offered. Also in cases of severe depression up to 50 sessions can be offered if progress is being made. The rationale for holding the sessions every other week on different days was not provided, and if possible therapy should be held weekly, however this minor point is been sufficient reason to deny treatment. The patient has significant symptoms of major depression that warrant a treatment effort and are well documented. In addition, in a comprehensive evaluation conducted by a neuropsychologist it was stated that there does not appear to be any sense of malingering or faking in this particular patient. Therefore the request for six (6) Cognitive Behavior Therapy visits with Bio Feedback is medically necessary and appropriate.