

Case Number:	CM14-0105599		
Date Assigned:	07/30/2014	Date of Injury:	03/20/2011
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Psychiatry, has a subspecialty in 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:

Injured worker is a 43 year old male with date of injury 03/20/2011. Date of the UR decision was 6/27/2014. He suffered a closed head injury as the result of a 10 foot fall from a ladder, with reported loss of consciousness of unknown duration. Report dated 3/11/2014 listed diagnosis of traumatic brain injury, depression, anosmia, vestibular dysfunction, probable cerebellar abnormalities, and post-traumatic seizures. Report dated 6/6/2014 listed diagnoses of mood disorder due to general medical condition, cognitive Disorder NOS, Post Traumatic Stress Disorder and intermittent explosive disorder. Per report dated 6/17/2014 the injured worker was experiencing trouble letting go of items with his right hand. He was also experiencing cramps in his right hand, was feeling dizzy during the day, was sleeping 6 hours each night. He ha reported that his mood was better. He was able to go to the gym 3 to 4 times per week and felt that it was helping with his coordination. He was being prescribed Lexapro, Restoril, Zantac, Toprol, Lamictal, Tricor, Keppra, Naprosyn and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Individual Psychotherapy Sessions for 3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 21,209-231,219.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it has been suggested that the injured worker experienced closed head injury, physical problems status post fall leading to chronic pain. The request for Weekly Individual Psychotherapy Sessions for 3 Months exceeds the guideline recommendations and is not medically necessary at this time.