

Case Number:	CM14-0017083		
Date Assigned:	05/05/2014	Date of Injury:	01/28/2013
Decision Date:	07/09/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/11/2014

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 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:

63 y/o female with date of injury 1/18/2013. Date of UR decision was 1/13/2014. Mechanism of injury I unknown, however it is noted that she suffered a Traumatic Brain Injury at work. She experienced post concussive symptoms such as tinnitus, vertigo, stuttering. Treatment so far included surgery, PT, speech therapy, vestibular therapy and unknown number of sessions of individual CBT. Report from 04/10/14 states that anxiety and depression have reduced, crying episodes are rare, insomnia is reduced. Energy and sociability are low, sexual activity is low due to pain and lack of interest. Mood is described as somewhat tense and dysphoric. Diagnosis of Adjustment ds with mixed anxiety and depressed mood; Cognitive disorder due to Trumatic Brain Injury are given to IW. Ambien 10 mg qhs prn and ativan 1 mg bid prn are being prescribed. Report from 02/27/2014 suggests that she is being seen for individual cognitive behavioral therapy and is receiving psychiatric treatment. Psychological testing on 12/10/2013 revealed BDI score of 24 (moderate depression), BAI score of 16 (mild anxiety), MMP1-2 was done as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PSYCHIATRIC TREATMENT AND MEDICATION MANAGEMENT:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PSYCHOLOGICAL TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Mental illness, Office Visits - Stress related conditions.

Decision rationale: ODG Guidelines state "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The request does not specify the number of visits that are requested, the length of time they are intended to be continued. It also does not specify the names and quantities of medications requested. Additional information is required to affirm medical necessity; therefore, the request is not medically necessary.

CONTINUED INDIVIDUAL COGNITIVE BEHAVIOR THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 400.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

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 is unclear as to how many individual cognitive therapy sessions are requested. In the absence of the above information, the medical necessity cannot be affirmed at this time, therefore the request is not medically necessary.

