

Case Number:	CM14-0129226		
Date Assigned:	08/18/2014	Date of Injury:	12/08/2001
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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 Psychology and is licensed to practice in Texas. 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:

The injured worker is a 58-year-old male who reported an injury on 12/18/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 06/25/2014 indicated diagnoses of status post traumatic brain injury, post traumatic head injury syndrome secondary to cephalgia, mood swings, chronic pain syndrome secondary to general medical condition impacted by psychosocial factors, bilateral occipital neuropathy, history of arthritis involving hands and fingers, post traumatic vision syndrome, and vertigo. The injured worker reported continued problems with his left eye vision and chronic headaches, which he reported were managed by current medication regimen. He described his headaches as persistent, bilateral occipital, bitemporal discomfort, with pressure penetrating and pulsating, and with an occasional feeling of numbness in the occipital area. He rated his pain 3/10 to 6/10. He reported irritability, anger, sadness and dizziness triggered by motion. Upon physical examination, the injured worker was described by the physician as functional, with no maladapted behaviors or mood swings. There was persistent occasional horizontal bilateral nystagmus and 1+ tenderness in the bilateral suboccipital grooves without radiating component. The injured worker's treatment plan included re-evaluation of visual changes, Request for Authorization for transportation. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen was not provided for review. The provider submitted a request for 6 supported behavior counseling sessions, status post traumatic brain injury, as an outpatient. A Request for Authorization dated 06/25/2014 was submitted for 6 supported behavior counseling sessions status post traumatic brain injury, as an outpatient. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Supportive Behavior Counseling, status post traumatic brain injury, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute www.odg-twc.com; Section: Stress/Mental.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The request for 6 Supportive Behavior Counseling, status post traumatic brain injury, as an outpatient is not medically necessary. The California MTUS guidelines state Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. The requesting physician did not include an adequate psychological assessment including quantifiable data, in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a time frame. Therefore, the request is not medically necessary.