

<b>Case Number:</b>	CM14-0129973		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Psychology 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 the records that were provided for this independent review, this patient is a 63-year-old male who reported an industrial/occupational work-related injury on November 19, 2012. The injury reportedly occurred as the result of an assault that resulted in injuries including: head injury with concussion, fractured jaw, and bruised hip. The injury occurred during the course of his employment as an apartment manager by [REDACTED]; a large individual that he was asking to vacate the apartment became aggressive and struck him in the face numerous times then in the head and body once he had fallen. There was severe and extensive damage to his jaw and teeth. He sustained to disk fractures and a subdural hematoma. There is also hearing loss. There are constant headaches, persistent blurry vision, word finding difficulties and memory problems. There is dizziness with vertigo. With respect to his psychological symptoms, a progress note from July 2014 stated that he is having frequent if not daily severe nightmares over the incident and increased stress, with resulting financial stressors that are compounding his PTSD which is characterized in him by symptoms of frustration, anger, irritability, fear, anxiety, difficulties with his family, social isolation, no longer participating in activities that you used to do, and depression. He has multiple diagnoses both medical and psychological. The psychological diagnoses include but is not limited to: PTSD with delusions and unformed hallucinations, moderate post-concussion syndrome with cognitive deficits depression, and panic. He has also been diagnosed with Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. He has been engaging in ongoing psychotherapy treatments with improvements listed as: better ability to cope and express his anger and frustration regarding the assault and subsequent injuries and improved ability to process feelings of anxiety and fear with an understanding of how his cognitions contribute and

how his traumatic brain injury is impacting his life there is also evidence of increased participation in day-to-day responsibilities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve individual psychotherapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation mental illness and stress chapter, topic: psychotherapy guidelines for cognitive behavioral therapy, June 2014 update.

**Decision rationale:** According to the records provided, the patient appears to be continuing to have severe symptomology as a result of the attack that occurred and its resulting injuries. In addition there are progress notes that were provided from prior treatment sessions indicating that he has been participating in his psychological treatment program at a frequency of approximately 3 to 4 times a month. Although progress notes were provided for March 2014 through July 2014, there were no progress notes provided for the time period prior to this. In addition, there were no psychological treatment summaries that detailed when his psychological treatment began. Because of this it was impossible for me to assess the quantity of sessions that the patient has already received. There are three factors that are used in determining whether or not a patient can have continued psychological treatment: evidence of objective functional improvement from prior sessions, continued medical necessity based on symptomology, the total quantity of sessions the patient has been provided. With respect to the quantity the Official Disability Guidelines specify that a patient who is making progress in treatment may have 13-20 sessions maximum: however in extreme cases of complex PTSD or severe major depression additional sessions up to 50 may be granted. This patient may, or may not be eligible, for the more extensive number of sessions but it is impossible to tell because I can't figure out how when his therapy began. The utilization review rationale for non-certification was stated based on citation of the Chronic Pain Medical Treatment Guidelines which state that a patient may have 6-10 visits maximum. The official disability guideline for psychotherapy is more appropriate and applicable than the Chronic Pain Medical Treatment Guidelines. Therefore, the request for twelve individual psychotherapy sessions is medically necessary and appropriate.