

<b>Case Number:</b>	CM14-0136038		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 50-year-old male who has submitted a claim for pain disorder related psychological factors, post concussion syndrome, and neck sprain/strain associated with an industrial injury date of 1/7/2014. Medical records from 1/7/14 up to 8/18/14 were reviewed showing increasing frustration given his lack of improvement and he continues to report ongoing headaches, neck pain, and difficulty concentrating and thinking. He has become increasingly depressed given his cognitive difficulties. His lower back pain is intermittent. He has daytime fatigue from activities done the day before and still has difficulty coping with his condition. He has had 2 neuropsychological evaluations on 3/26/14 and 6/26/14 and both noted a recommendation for continued neuropsychological treatment. Objective findings revealed tearfulness and frustrated attitude. There was tenderness over the cervical paraspinal muscles and tightness was noted in the neck and trapezii muscles. He also had difficulty turning his head at the end ROM (range of motion) of the neck on rotation. His gait was grossly normal. Treatment to date has included nortriptyline, Advil, amlodipine, Atorvastatin, hydrochlorothiazide, losartan, and multivitamins. Utilization review from 7/22/2014 modified the request for Referral to neuropsychological therapy and follow up visits (24 sessions) to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to neuropsychological therapy and follow up visits (24 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Health: Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that 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 recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient has had two comprehensive neuropsychological evaluations on 3/26/14 and 6/26/14. Although it seems that the patient will benefit from follow up neuropsychotherapy treatments, the guidelines recommend an initial trial of 6 visits over 3-6 weeks. Further visits will be considered upon review of progress reports. Therefore the request for referral to neuropsychological therapy and follow up visits (24 sessions) is not medically necessary.