

<b>Case Number:</b>	CM14-0157940		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

2/25/14 note indicates insured with chronic hepatitis C and HIV. The insured notes change in cognitive skills and personality. Physical examination notes the musculoskeletal system and neurologic systems are normal. Insured was referrer for neuropsychological assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Health and behavior intervention, six, fifteen minute intervals for a total of 1.5 hours:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Clinical Neuropsychologist, 21, 209-231;p. 219

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, psychological treatment 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 (such as depression, anxiety, panic disorder, and pos

**Decision rationale:** ODG guidelines support behavioral health therapy for patients who have undergone evaluation and been demonstrated to have abnormal condition with objective severity in support of cognitive behavioral therapy. The medical records provided for review report symptoms but do not demonstrate any objective abnormalities in regard to cognition as no screening tools are reported to be used and neurologic assessment was reported as normal. There is no formal psychological evaluation reported with objective cognitive abnormalities in support of behavioral therapy being needed. As such the medical records provided for review do not support medical necessity of behavioral health treatment visits. Therefore the request is not medically necessary.