

Case Number:	CM14-0173209		
Date Assigned:	10/24/2014	Date of Injury:	06/02/2014
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 a licensed Psychologist, 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 as they were provided for this IMR, this is a nearly 29 year old female who reported an industrial injury that occurred on June 2, 2014. The injury occurred when she slipped on the floor at work and hit the back of her head, she remembers slipping but doesn't recall her head hitting the floor. There was no loss of consciousness she reportedly felt lightheaded afterwards. Currently she reports ongoing daily headaches that come and go during the day. She reports dizziness and blurriness in vision at times. There is pre-existing history of "possible panic like episodes." Patient had a consult with neurology July 18, 2014 she was diagnosed with post-concussion syndrome and describes being anxious and crying with worry about what happened and about having slower cognitive processing. Neurologist informed the patient that to expect slow improvements that can take months and tried to reassure her as she presented with significant anxiety. PR-2 progress note reflects patient having 1st session of cope program on September 19, 2014 she reportedly learned coping skills of relaxation techniques and breathing techniques and had "decreased dizziness and felt comfortable reducing restrictions." A request was made for 6 COPE sessions over a four-week period. The request was non-certified. The rationale for non-certification was stated that there was limited rationale provided in the available documentation to support the continued medical necessity and that she had been recently approved for 12 sessions of cognitive behavioral therapy. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 COPE sessions over 4 weeks for the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment, cognitive behavioral therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic: cognitive behavioral therapy, of psychotherapy guidelines, October 2014 update.

Decision rationale: The MTUS/ODG guidelines do not specifically address the requested treatment; however they do address psychological treatment and cognitive behavioral therapy. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/ objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With regards to this request, there is very little documentation provided, however there was a brief notation stating that the patient had attended one COPE and found it beneficial with decreased dizziness. Additional sessions of this treatment modality would appear to be reasonable and appropriate, and the request for 6 additional sessions is not excessive and falls within stated guidelines. However, there was also an indication that she was recently approved for 12 sessions of cognitive behavioral therapy. There was no further information with regards to this authorization, and it was no medical records suggesting that she had either started or completed any sessions related to it. It does appear that the COPE program would be very similar to a general cognitive behavioral therapy program and that approving the 2 programs simultaneously would contain substantial redundancy. The medical necessity of the patient having 2 different treatment programs simultaneously has not been documented sufficiently to the extent that it supports overturning the UR determination of non-certification of this treatment modality. Therefore, this request is not medically necessary.