

Case Number:	CM14-0027639		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2010
Decision Date:	08/08/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 Psychiatry 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:

36 year male injured worker with date of injury 8/30/10. The injury involved head trauma while performing a boxing scene. The injured worker reported impaired memory since the incident as well as loss of sense of smell, tinnitus in both ears, blurred vision, difficulty speaking, forgetfulness, dizziness, anxiety, depression, impaired concentration, neck pain, and numbness/tingling in the left hand. The patient was noted to have diagnoses to include blunt head trauma, post-traumatic head syndrome, vestibular disturbance, post-traumatic headaches, cervical radiculopathy, sleep disturbance, and traumatic anosmia to the left nostril. The patient was given a whole person impairment rating of 25% from a neurological perspective. Per 3/13/14 AME, he complained of "perpetual neck pain" and headaches 2-3 times a week, lasting 1-4 hours. From a psychiatric standpoint, the injured worker "is depressed I guess. I don't know. I feel like crying a lot of times. I cry once or twice a week." His energy "is down recently; lower than usual. In the last year, I have had periods where I was okay. The Adderall helped. I have also had periods where I felt I had no energy or motivation." He "has angry outbursts if I feel frightened or startled or someone says something to me. I get aggressive, upset and irritated. It has happened six or seven times." He "has a hard time with my train of thought if I get interrupted but I don't feel like I am in a fog now." His current medications included 50mg Zoloft, 50mg trazodone, 2mg Lunesta, .5mg Xanax as needed, and 100mg Viagra as needed. The date of UR decision was 2/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

Decision rationale: California MTUS states that behavioral interventions are recommended. The 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 Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. The documentation submitted for review indicates that the injured worker has already received treatment in the form of psychotherapy, however the records do not contain evidence of functional improvement. Furthermore, the requested 10 sessions would be in excess of the MTUS recommendation. Thus, the request for 10 more sessions of individual psychotherapy is not medically necessary.