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| <b>Case Number:</b>   | CM14-0038323 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 02/10/2013 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2014 |

### 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 Internal Medicine and is licensed to practice in Arizona. 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:

This is a 50-year-old male who on February 10, 2014 fell off a ladder at work; possibly 20 to 30 feet. He hit his head and had loss of consciousness and also sustained injuries to his neck, shoulders, left knee and lower back. He was a manager at [REDACTED] supervising 20 to 30 employees, but currently is unable to return to work. He now has new onset stuttering, neck pain, headaches with migraine-like pain, depression and anxiety, short term memory issues, imbalance with tendency to fall, visual ocular problems and chronic pain related to a number of other musculoskeletal complaints including a right rotator cuff tear, lower back, bilateral shoulder and left knee pain. He has held off pursuing a recommended shoulder surgery in hopes of participating in a Day Cognitive Rehabilitative Program for his brain injury, as recommended by [REDACTED]. This program offers a multi-disciplinary brain injury rehab program for the numerous functional deficits this patient has as a result from the fall. However, as of May 2014, the program was also put on hold due to a concern that there were psychological issues that needed to be worked through. The complainant finished 16 of 16 Cognitive Behavioral Therapies (CBT) in April of 2014 and the psychiatrist is recommending that due to the severity of his brain injury with the psychological symptoms and his chronic pain, that he undergo another 12 sessions, stating that the patient needed additional CBT to lessen his depression and to assist him in managing these new chronic symptoms. Improving self-efficacy and resilience to set-backs should be a focus of treatment as well. He reported the following gains: improved tolerance for work functions and completing his activities of daily living (ADL's). His strength and endurance were better. His sleep regimen had improved. Reliance on other forms of therapy had lessened, such as with medications, physical therapy, cane, etc. He further stated stress management; biofeedback pain management self-regulation and relaxation should add to his functional improvement and would better prepare him for the challenges of a

comprehensive brain injury rehab program. Another part of this Authorization request is related to Vestibular Therapy. When this patient was evaluated at Scripps, they noted that his ocular range of motion was limited in the left eye and that he had difficulty focusing and tracking to the left with saccadic intrusion and loss of pursuit. It was also noted there was diplopia, and gaze nystagmus. As part of the plan it was suggested that he have further evaluations with a Neuro ophthalmologist. Additionally, a comment was made regarding a need to improve his depth perception and a need to improve on his balance and coordination to prevent further falls. A November 21, 2013 physical therapy note did indicate that the patient had some vestibular training within the overall physical therapy he was obtaining for his orthopedic issues. It is documented that he was taking Antivert 25mg three times a day for dizziness. On April 4/23/2014, six sessions of Vestibular Training were authorized. No further mention of this vestibular training was located after this time period. Additionally, it is unclear if the Neuro ophthalmology consult was ever completed because the notes were not located.

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

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

#### **Eight (8) sessions of Vestibular Training: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Head; Vestibular PT Rehabilitation.

**Decision rationale:** The Official Disability Guidelines recommends Vestibular Training for patients such as this one, with problems of dizziness, balance dysfunctions following a concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Patients with vestibular symptoms after concussion may have slower reaction times, putting them at risk for new injury compared with those who have concussions without these symptoms. This is exactly what happened with this patient. He fell down the stairs several months after the original fall off the ladder. It is unknown if he received or benefited from the 4 sessions of Vestibular Therapy approved in April 2014. These records need to be provided and there should be an indication if there has been any functional benefit. Thus, the vestibular training is deemed to not be medically necessary.

#### **Twelve (12) Cognitive Behavioral Therapy Sessions: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Behavioral interventions, Chronic Behavioral Therapy, Cognitive Therapy for Depression.

**Decision rationale:** The MTUS recognized Cognitive Behavioral Therapy (CBT) and self-regulatory treatments to have a particularly effective benefit. They have been found to have a positive short-term effect on pain interference and long-term effect on the return to work. Further, it states, if pain is sustained in spite of psychological care, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. The Official Disability Guidelines recommends CBT if there are risk factors for delayed recovery, including fear avoidance beliefs. Some at risk patients should have physical therapy for exercise instruction, using a cognitive motivational approach to physical therapy. However, if there is a lack of progress from physical therapy alone, a trial of 3-4 psychotherapy visits over 2 weeks is recommended. If there is functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) is suggested. When there are severe psychiatric comorbidities (e.g., severe cases of depression and posttraumatic stress disorder (PTSD) additional therapy may be warranted. If there is objective functional improvement a total of up to 13-20 visits over 13-20 weeks would be suggested. In very severe cases of combined depression and PTSD, if it is documented that CBT is being done and progress is being made then psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Although short-term psychotherapy is effective for most individuals experiencing acute distress, short-term treatments are insufficient for many patients with multiple or chronic mental disorders. Even though this claimant had 12 CBT sessions, his managing physician and a consulting psychotherapist strongly stated this patient should continue receiving help in this area. There is documented benefit from the CBT he had received thus far. But, because of the severity of the depression still remaining he was not yet allowed to enter into the Brain Injury Rehabilitation program. They felt this depression needed to be dealt with more to ensure that he would have more success with his rehabilitation. It is for these reasons that 12 more sessions of Cognitive Behavioral Therapy is deemed medically necessary.