

Case Number:	CM14-0040412		
Date Assigned:	06/27/2014	Date of Injury:	05/16/2013
Decision Date:	10/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Psychology 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 that were provided for this independent review, this patient is a 53 year old male who reported an industrial/occupational work-related injury on May 16, 2013. The injury apparently occurred as a result of a motor vehicle accident and was crossing the railroad track when he was struck by a train that was traveling 60 miles an hour the patient was severely injured in multiple areas of his body including his head, and this resulted in a closed head injury and multiple contusions. The injury occurred while he was engaged in his work as a package and delivery driver [REDACTED] where he had worked since 1999 driving a semi-truck in the bay area of [REDACTED]. Injury areas colluded pain in his neck and entire back, face, shoulder and right hip and there are complaints of severe headaches and a pinched nerve as well as something wrong in his elbow and wrist. There reports of two prior injuries that may have been exacerbated by this one. The constant headaches are noted to be located in his frontal region and feel like a twitching in his four head and experiences dull study pain with some nausea and there is anxiety in the morning when he awakes after having nightmares. There is forgetfulness and fear of driving and decreased comprehension reading. Neck pain is intermittent but high and there is back pain as well. He reports feelings of anxiety. There are problems with the activities of daily living and physical activities like standing, sitting and reclining, walking. The patient had an agreed medical evaluation in December 2013 listed emotional difficulties and that he saw a psychologist after the injury because of the nightmares. The details of the psychological treatment were not provided. It was also noted that he is having cognitive difficulties and it is unclear whether the cognitive difficulties are a result of the emotional difficulties or head trauma and that a full neuropsychological evaluation would be helpful. A request was made for Psychological consultation for counseling (quantity 8); the request was not approved by the patient's insurance company who provided the following rationale: the patient

should have a psychological consultation to determine the necessity for counseling before starting the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation for counseling, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART TWO, BEHAVIORAL INTERVENTIONS, PSYCHOLOGICAL EVALUATION; COGNITIVE BEHAVIORAL THERAPY Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update

Decision rationale: The utilization review rationale for non-approval of the request of eight sessions of psychological consultation was stated that it should not be started until a psychological evaluation has been completed. The requirement that patients must have a psychological evaluation prior to commencing treatment is not accurate. There is no such requirement stated in the MTUS or ODG guidelines. While it is good practice to have a psychological evaluation prepared for the commencement of psychological treatment, is not required and sometimes it is unnecessary. In this case, according to the most recent AME report what is needed is a neuropsychological evaluation due to his head injury. Whether or not a separate psychological evaluation is needed should be determined after the completion of the neuropsychological evaluation as it may be redundant and unnecessary or it may be needed. Delaying treatment onset while waiting for the completion of what usually is a fairly lengthy and complicated document is often inappropriate and causes unnecessary delay in providing treatment to the injured worker. Based on that information it would have been appropriate for this IMR to overturn the utilization review decision and approve the start of treatment. However there is an additional problem and that is that the request was for eight sessions. According to the MTUS guidelines for psychological treatment patients are supposed to have an initial treatment trial that consists of 3-4 sessions or in the case of the ODG six sessions. If the patient responds favorably to the initial treatment trial and subsequent sessions can be offered, typically 13 to 20 for most patients but in some cases up to 50 can be allowed if progress is being made. The request for a treatment sessions at the outset does not follow standard protocol and therefore cannot be approved. The finding of this medical review is that due to insufficient information, and improperly requested quantity and ignoring the protocol of an initial trial the request is not determined to be medically necessary.