

<b>Case Number:</b>	CM14-0051068		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Licensed in Psychology, has a subspecialty in Psychology and is licensed to practice in Texas. 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:

The injured worker is a 53 year old male with a reported date of injury on 05/16/2014. The mechanism of injury was a motor vehicle accident. The injured workers diagnoses included closed head injury with post traumatic headaches, dizziness, and cognitive difficulties, cervical sprain, emotional difficulties, and anxiety. Prior treatments included 6 therapy sessions. Diagnostic studies included an MRI of the brain with contrast which was completed on 02/06/2014. No surgical history was documented in the records received for review. The injured workers subjective complaints were very significant and included headaches, jumpiness and twitching. He also stated he had not been driving due to fear. The physical examination on 12/03/2013 revealed neck pain rated 9/10 with spasms, low back pain rated 2-7/10 that worsened by bending, and right shoulder pain 6-7/10 worsened by shoulder movements. The physician indicated the injured worker needed to be assessed by a neuropsychologist as he was experiencing emotion difficulties. The physician was unsure if the injured worker's difficulties were due to emotional issues or head trauma. The injured workers medications included Zoloft, Tramadol, Diclofenac, Hydrocodone, Soma, and Clonazepam; the dosage and frequencies of which were not documented in the clinicals received for review. The plan was for continued psychologist consultations. The rationale for the request was not noted in the documentation received. The request for authorization was not included in the clinicals received for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist consultations x 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for PTSD.

**Decision rationale:** The request for psychologist consultations x 12 is not medically necessary. The patient suffers from chronic pain and post traumatic stress disorder. The physician indicated the injured worker needed to be assessed by a neuropsychologist as he was experiencing emotion difficulties. The physician was unsure if the injured worker's difficulties were due to emotional issues or head trauma. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. The physician indicated the injured worker would benefit from a neuropsychological assessment; however, there is no documentation indicating the evaluation occurred as well as the results of the evaluation. There were no therapy notes submitted for review and there was no evidence of documented progress submitted within the clinical information submitted for review. The request for 12 psychological consultations would not be indicated as the efficacy of the sessions should be assessed prior to providing additional sessions. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.