

<b>Case Number:</b>	CM14-0068722		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

Injured worker is a 49 year old female with date of injury 12/07/2012. Date of the UR decision was 04/29/2014. Mechanism of injury was motor vehicle accident which was described as a high-speed head-on collision. She suffered from multiple injuries including closed head injury with subarachnoid hemorrhage right anterior frontal distribution, Bilateral frontal parietal diffuse axonal injury, Left upper extremity plexopathy, multiple pelvic fracture the right acetabulum, left tibial fracture, right femur fracture, Right metatarsal fracture, liver laceration status post multiple transfusion and Deep Vein Thrombosis above the left upper extremity and left internal jugular vein. Per report dated 8/27/2014, the injured worker was being seen for periodic psychotherapy and neurobehavioral status examinations, approximately once per month, to assist in her rehabilitation and transition to maximal independence. She was diagnosed with Cortex (cerebral) contusion without mention of open Intracranial wound, unspecified state of consciousness and Cognitive Disorder NOS. She was being prescribed Duragesic 25 mcg per hour patch q 72 hours for pain relief and Neurontin to 800 mg three times daily. Per report dated 4/17/14, she was continued in five (5) therapy hours per day, three (3) days per week, nursing services up to three (3) hours per week, and residential programming up to twelve (12) hours per day, seven (7) days per week. Per report dated 4/21/2014, she had made tremendous progress to date, she was getting thru basic skills including activities of daily living (ADL's), division exercises, Physical Therapy, Occupational Therapy and vision exercises; generally going well enough in daily clinic three time per week and CNS facility. Treatment recommendations per report dated 8/27/2014 were to continue neurobehavioral status examinations and therapy recommended every 1-2 weeks to assist in her adjustment to disability as she resumes greater levels of independence and cognitive demand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Five hours/day, 3 days/week for clinic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**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 recommend 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: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has undergone extensive therapy treatment and has already well exceeded the number of sessions recommended per the guidelines stated above. The request for five hours/day, 3 days/week for clinic therapy is excessive and not medically necessary.

**Twelve hours/day, 7 days/week residential training 60 days 05/01/14-06/30/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter; Interdisciplinary rehabilitation programs

**Decision rationale:** ODG-TWC guidelines state that interdisciplinary rehabilitation programs are recommended. Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community based rehabilitation. Injured worker has been diagnosed with Cognitive Disorder NOS secondary to traumatic brain injury encountered in a motor vehicle accident. The documentation suggests that the injured worker had been participating in residential treatment. Per report dated 4/21/2014, she had made tremendous progress to date, she was getting thru basic skills including ADL's, division exercises, Physical Therapy, Occupational Therapy and vision exercises; generally going well enough in daily clinic three times per week and CNS facility. The request for further treatment i.e. twelve hours/day, 7 days/week residential training 60 days 05/01/14-06/30/14 is requested. This retrospective service is medically necessary for improvement in functioning of the injured worker.

