

<b>Case Number:</b>	CM14-0095240		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & Neurology, has a subspecialty in Geriatric 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:

The injured worker is a 32 year old male whose date of injury is 05/01/2010. While building a cabana he slipped on a platform and fell 20 feet down. He sustained a head injury with cognitive deficits, multiple pelvic fractures, fracture to the left radius and left mandible. His diagnosis is post-traumatic stress disorder. The patient suffers from pain to the left wrist with aching and burning, even without motion. He has undergone 4 surgeries, most recently a carpal tunnel release. He avoids using that hand due to fear of increased pain. He has been on a home exercise program and hand therapy for pain management, as well as H-wave. He received psychological treatment, and by 03/13 nightmares were reportedly subsiding. In [REDACTED] 03/13/14 report, the patient attested to anxiety and flashbacks however felt that his psychotropic medication regimen was working well. On 05/02/14 [REDACTED] reported that his Norco is 50% helpful for pain, rated as 8/10 without medications and 4/10 medicated. On 05/19/14 he saw [REDACTED] (psychiatry), who reported that the patient was no longer suicidal and that the terror was gone, but he continued to have severe cognitive deficits, anxiety, difficulty concentrating, confusion, and hopelessness. He had episodic visual and auditory hallucinations, and required assistance with medication monitoring. His self-care had improved. He continued to suffer from pain (rated 5/10) and migraines daily. There was no rationale as to why the life coach request was made at that time. A neuropsychological re-evaluation was performed on 07/15/14, during which psychological testing was done. The patient was irritable, easily angered, had trouble remembering things, and reported anxiety, especially at night. He gets a headache in strong light, has decreased energy and low frustration tolerance. He feels depressed due to inability to do activities with his family. His wife assists him with basic self-care, and he does not drive at all. He went to see [REDACTED], a psychologist. The patient reported that there was one person inside instructing him to do bad things. He also brought a book of his drawings. [REDACTED] apparently became nervous after seeing this book, calling the police and placing him on a 5150. He began seeing a psychiatrist weekly; now it is monthly. A report of 03/31/14 by [REDACTED] indicated that the patient first presented to her on 02/21/14 suicidal and in great fear of being sent back to the hospital. [REDACTED].

■■■■■ psychiatric report of 07/17/14 gave the life coach recommendation reasons: anxiety causing insomnia and panic attacks, pain making him less able to function, poor executive functioning-the life coach must set up his medications, increased major depression problems, and brain injury problems leading to increased irritability and sensitivity to light. She gave him the diagnosis of major depression with psychosis secondary to pain and head trauma, r/o PTSD, pain syndrome, post concussive syndrome, physical pain, family anxiety, financial problems, and any unresolved physical problems. Medications included Zantac, Norco, Abilify 20mg per day, Lamictal 200mg per day, Seroquel 400mg at bedtime, Topamax 100mg per day, Klonopin 0.5mg per day, and Neurontin 600mg per day.

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

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

#### **6 Sessions of Life Coach 10hr/week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "First-class coaching" DeAngelis T. Monitor on Psychology. Nov 2010, v41(10).

**Decision rationale:** The MTUS Guidelines do not reference a life coach. The American Psychiatric Association only references a life coach as it applies to an ADHD coach who aids them with those unique needs. In the American Psychological Association, there is no standard of care. The field of life coaching is, for the most part, unregulated and may include persons untrained in behavioral sciences. This particular patient would require someone trained to recognize and deal with psychiatric illnesses. It also lacks a solid research base, therefore it lacks data to show proven efficacy (no proven track record). People who engage the services of a life coach are typically higher functioning. That being said, one who is suffering from anxiety or depression who is high functioning may still benefit from the use of a life coach, if that person is simultaneously addressing those areas in psychotherapy. Clearly this does not apply to this patient. As such, the request is not medically necessary and appropriate.

