

Case Number:	CM14-0192761		
Date Assigned:	11/26/2014	Date of Injury:	01/04/2014
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine: 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 patient is a 42 year old male with an injury date of 01/04/14. Per the 10/29/14 progress report, the patient presents with T8 paraplegia with neurogenic bowel, bladder, autonomic dysflexis, dependent ADLs and self-care. The patient has hearing loss. The patient also presents with continued mid back pain in the area of surgical fusion and there are episodes of muscle tightness. There is also complaint of depression and memory loss. He is temporarily totally disabled. Cervical examination shows abnormal tenderness to palpation with end range motion and stiffness. The patient is slow to move his head due to pain, and there is tenderness through the thoracic spine bilaterally. The patient wears an abdominal binder. Lumbar/sacral examination reveals tenderness in the bilateral paraspinals. The patient is unable to stand independently and needs maximum assist. Sensory examination shows absent below approximately the level of the umbilicus, anterior and posterior. Right shoulder examination shows pain to right clavicular fracture/repair. The patient's diagnoses include: 1. Concussion with brief loss of consciousness 2. Autonomic dysreflexia 3. Unspecified persistent mental disorders due to condition classified elsewhere 4. Adjustment disorder with mixed anxiety and depressed mood 5. Sensorineural hearing loss 6. Orthostatic hypotension 7. Pain in joint involving hand-left thumb 8. Pain in joint involving shoulder region 9. Neurogenic bowel and bladder 10. T8 level spinal cord injury Medications listed as of 10/09/14 are: Baclofen, Gabapentin, Mododrine, Oxybutynin, Bisacodyl and Tramadol. The patient completed Botox therapy for the bladder condition on 10/20/14 and is scheduled for an ultrasound 12/11/14. A hearing evaluation was completed on 10/06/14 which shows asymmetrical sensorineural hearing loss, minimal left and more significant right. The patient is undergoing physical therapy. The following surgeries are noted: T5-11 posterior fusion for fracture dislocation, T7-8 clavicular fracture and ORIF-left thumb dislocation reduction (dates unknown). The 10/01/14 report states

the patient continues to receive psychotherapy. The operative report for the 10/20/14 Cystoscopy-neurogenic bladder is included. Physical therapy treatment reports from 09/11/14 to 11/14/14 are included. The utilization review being challenged is dated 11/05/14. The rationale is that the request is modified to Psychological Evaluation with emphasis on neuropsychological disorder. It is medically necessary to evaluate the sequelae to the patient's closed head injury and also necessary for evaluation to recommend appropriate cognitive behavior therapy and/or other psychotherapeutic treatments. Progress reports were provided from 04/14/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy with speech therapy: 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Therapy

Decision rationale: The patient presents with T8 paraplegia, neurogenic bowel and bladder, autonomic dysflexia, and hearing loss. The patient also presents with continued mid back pain along with complaint of depression and memory loss. The physician requests for cognitive behavioral therapy with speech therapy per unknown report. The 11/15/14 utilization review does not provide the date of the RFA but states it was received 11/04/14. The UR modified this request to cognitive behavioral therapy and/or psychotherapeutic treatments. The ODG, Mental Illness & Stress Chapter, Cognitive Therapy for depression, states, "Recommended, Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons." The ODG, Head Chapter, Speech Therapy, states recommended as indicated. Criteria include: A diagnosis of a speech, hearing or language disorder resulting from injury or trauma. A Clinically documented speech disorder that results in an inability to perform at a previous functional level. Documentation supports an expectation that improvement is anticipated in 4-6 months. The 05/12/14 Psychological Diagnostic intake report states the patient is in need of a full neuro-psychological assessment. This report further states, "Further ongoing psychotherapy treatment on a weekly or at least every other week basis, should be allowed." Also, "Obviously he needs further neuro-psychological assessment." The request is not discussed in the reports provided. In this case, it appears that the ODG recommends cognitive therapy for the depression that is present in this patient. However, no objective findings have been provided of a speech or language disorder or of a speech disorder resulting in an inability to perform at the previous functional level. There is no evidence of brain injury and cognition deficits for which speech therapy may be indicated. The physician does note minimal left side hearing loss that is more significant on the right; however, speech impairment is not documented. While cognitive behavioral therapy may be indicated for severe depression, speech therapy is not. There is no discussion regarding CBT

treatments either, whether or not they have been helpful, how many sessions, etc. The request is not medically necessary.