

<b>Case Number:</b>	CM15-0103605		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury on 6/3/14. He subsequently reported head, neck and left shoulder and arm pain. Diagnoses include labyrinthine concussion, cervical sprain and left shoulder strain. Treatments to date include x-ray and MRI testing, psychotherapy and prescription pain medications. The injured worker continues to experience mid and low back pain. Upon examination, the head was normocephalic and atraumatic, pupils 4-5 mm and reactive. Straight leg raise testing is positive bilaterally. Lasegue's neural tension test was positive. Antalgic gait favoring the left side was noted. Reduced range of motion in the lumbar spine with report of apprehension and tension was noted. A request for Treatment with Brain Injury Treatment Program and Psychotherapy with Psychiatrist for Anxiety/Depression Management x 8 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment with Brain Injury Treatment Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This request is for a referral to a brain injury treatment program of unknown duration and type. More information would be needed to establish medical necessity of this request. The request for treatment with Brain Injury Treatment Program is determined to not be medically necessary.

**Psychotherapy with Psychiatrist for Anxiety/Depression Management x 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 57-64 and 396-397, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

**Decision rationale:** Per the MTUS Guidelines, 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. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs; (2) Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine; (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an 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) are recommended. In this case, psychotherapy referral is appropriate but the request for 8 sessions is outside of the established guidelines. The injured worker should have a trial of 3-4 visits to establish efficacy of the treatment. The request for Psychotherapy with Psychiatrist for Anxiety/Depression Management x 8 is determined to not be medically necessary.