

Case Number:	CM15-0131694		
Date Assigned:	07/17/2015	Date of Injury:	10/30/2014
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Psychologist

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 25 year old male, who sustained an industrial injury on October 30, 2014. He reported injuries to his mouth, head, neck and shoulders. Treatment to date has included dental implants, oral surgery, work duty modifications, and diagnostic imaging. Currently, the injured worker complains of constant headaches in the temples and above his ears. He reports that he chews food without difficulty but has bilateral ringing in the ears. He reports occasional lightheadedness and dizziness and notes that occasionally his balance is not coordinated. He reports neck pain and difficulty with sleep. On mental status examination the injured worker is able to follow complex commands and has no right-left confusion. His abstract reasoning appeared within normal limits. On physical examination the injured worker's visual fields were within normal limits and he had normal facial power and symmetry. His facial sensation was within normal limits and hearing was grossly intact. He had a normal sensory examination and normal reflex examination. He exhibited normal coordination on ambulation and had no evidence of tremor. The diagnoses associated with the request include post-concussion syndrome, chronic headaches, neck pain, lightheadedness and status post bone graft and dental extractions. The treatment plan includes MRI of the brain, physical therapy for the neck and for balance therapy and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker completed an occupational and environmental neurology consultation with [REDACTED] on 6/12/15. In the report, [REDACTED] recommended psychological treatment and stated, "Cognitive behavioral therapy is indicated for patients with issues of mood and chronic pain. I request 6 visits, if possible, with [REDACTED] in [REDACTED]." The request under review is based upon this recommendation. The CA MTUS recommends the use of psychological treatment for chronic pain. It reads, "step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." At this time, the injured worker has yet to complete a thorough psychological evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations as well. Without having already completed this psychological evaluation, the request for visits is premature. As a result, the request for 6 CBT sessions is not medically necessary.