

Case Number:	CM15-0143835		
Date Assigned:	08/04/2015	Date of Injury:	09/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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 55-year-old male with an industrial injury dated 09-16-2014. The mechanism of injury is documented as a motor vehicle accident. He reports he hit his head on the left side and has been told he had a concussion. His diagnoses included rule out neuropsychological impairment due to traumatic brain injury and motor vehicle accident, traumatic brain injury with brief possible loss of consciousness; chronic neck and bilateral upper extremity pain. Prior treatment included home exercise program, acupuncture, and physical therapy. He presents on 06-06-2015 for evaluation. He complains of getting fatigued easily, irritability, sleep disturbance and ringing in his ears. He reports "dark spots" would occasionally "flood" his vision. He also reports forgetfulness and unusual disorganization. Physical complaints include shoulder, right hip pain, neck pain, low back pain and headaches. He does not take any pain medications on a daily basis. He has only worked for a couple of days since the date of injury. Testing revealed lowered scores suggestive of cognitive inefficiency. He reports problems with memory since the accident. The provider documents the following: "I recommend that he undergo a comprehensive neuropsychological test battery to assess deficits in cognitive functioning identified on the brief neuropsychological screening that he completed in my office." The provider also recommended an evaluation by a neurologist and individual psychotherapy. Treatment request is for psychotherapy individual for initial 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy individual for initial 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) If documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for psychotherapy, 4 initial individual sessions; the request was non-certified by utilization review of the following rationale provided: "given the information received, including stable, well-managed intermittent pain on minimal medication, and thus no need for intensive psychotherapeutic intervention, this request cannot be considered medically necessary consistent with evidence-based guidelines." This IMR will address a request to overturn the utilization review decision of non-certification of the request for 4 sessions of individual psychotherapy. According to a PR-2 physician report from July 30, 2015 the patient had a functional restoration evaluation by [REDACTED], PhD and was determined that a functional restoration program is not recommended but individual psychotherapy with a clinical psychologist who is experienced with post concussive symptoms and chronic pain would be appropriate. Symptoms of depression, anxiety, insomnia, occasional anger episodes, headache, poor concentration and forgetfulness were mentioned as well as chronic pain in the shoulder and low back. A June 26, 2015 psychological consultation treatment request provided the following diagnosis: rule out neuropsychological impairment due to traumatic brain injury and motor vehicle accident; mood disorder of uncertain etiology, rule out post concussive syndrome. The provided medical records adequately identify this patient as somebody who may benefit from psychological treatment. He is positive for psychological symptomology as well is delayed recovery. The MTUS guidelines support an initial brief treatment trial consisting of up to 4 sessions in order to determine patient's response to treatment.

After completion of the initial treatment trial of 4 session's additional sessions up to 13-20 maximum for official disability guidelines may be offered for most patients with the exception of an extended course of psychological treatment available in certain cases. Because medical necessity of this request is appropriate and appears to be established by the provided documentation to the utilization review decision is overturned, and is medically necessary.