

Case Number:	CM15-0183233		
Date Assigned:	09/24/2015	Date of Injury:	07/03/2014
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 54 year old male, who sustained an industrial-work injury on 7-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury, mild traumatic brain injury, and psychogenic pain with headaches, depression and anxiety. Medical records dated (3-26-15 to 8-18-15) the psychologist indicate that the injured worker complains of chronic headaches, dizziness, nausea, tinnitus of the right ear, chronic neck and low back pain with symptoms of depression and anxiety and decreased cognition. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-5-15 the injured worker has returned to work. The psychologist progress report dated (7-31-15 to 8-18-15) reveals that the injured worker is being treated with a combination of Cognitive Behavioral Therapy (CBT) and pharmacotherapy. The physician also indicates that he is working with the injured worker in a multidisciplinary setting to help him cope and manage more effectively with his symptoms and develop increased capacity for independent functioning with his activities of daily living (ADL) and self-care. The injured worker reports some difficulties with cognitive processing, attention and concentration, and sleep difficulties. Although he is making good progress with the treatment, he continues to struggle with symptoms of anxiety and depression. The physician indicates that the focus is to promote improved sleep quantity and quality, and to work on sleep hygiene to maximize his ability to get restful, deep sleep. In addition, the physician indicates that he will work on developing cognitive behavioral techniques so that he can better cope and manage with his symptoms and remain as independent as possible. Treatment to date has included pain

medication including Meclizine, Mirtazapine, Nabumetone, Topamax and Ultracet, psychologist, neurofeedback, Cognitive Behavioral Therapy (CBT) at least 10 sessions, psycho education, physical therapy with little benefit, lumbar epidural steroid injection (ESI) and 6 acupuncture sessions. The request for authorization date was 8-27-15 and requested service included Follow-up visit with psychologist times 8. The original Utilization review dated 9-8-15 non-certified the request as there were no mental health treatment notes to better understand the treatment to this point and objective functional gains with the treatment. Therefore, per the guidelines the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with psychologist times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: The ACOEM guidelines state that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Decision: a request was made for eight follow-up sessions with the psychologist; the request was non-certified by utilization review which provided the following rationale for its decision: 'there were some objective data reported in mental status exam regarding concentration and focus in mood instability. There was no mental health treatment notes or review or summary available to better understand mental health treatment to this point and objective functional gains with that treatment. Therefore this request is not medically necessary due to lack of information.' This IMR will address a request to overturn the utilization review decision. According to a DOS 9/23/15 letter of dispute 'to discontinue CBT would put him at risk for losing the gains he made in treatment so far. Patient does feel anxious about terminating this therapy. The purpose of these additional CBT sessions is to continue psychotherapeutic intervention, to help the patient face challenges of his life since the injury, and subsequent pain.' According to a psychological treatment progress note from August 21, 2015 from the patient's treating psychologist, it is noted that the 'patient is now experiencing significant tinnitus, which causes him increasing daily increased levels of anxiety, depression, and ongoing psychiatric distress. Although he is doing well with the cognitive behavioral therapy so far, responding well and learning CBT skill to better cope and manage in

general with the symptoms, and continues to suffer from large amounts of anxiety and depression when his tinnitus is especially noteworthy, which is typically occurring in the evening before bedtime.' Eight more sessions were being requested. There was no mention in the treatment note of how many sessions the patient has received. Another treatment progress note was found from July 31, 2015 indicating cognitive processing, tension concentration, and sleep hygiene with a notation that treatment will focus on sleep hygiene and possibly re-engaging with a course of neurofeedback. A similar treatment progress note was found from July 7, 2015 that indicated a second session of biofeedback being utilized. Similar treatment progress notes from May 8, 2015, April 2, 2015, and March 26, 2015 were found also indicating use of neurofeedback and CBT. Although, in contrast to the utilization review decision, multiple psychological treatment progress notes were found for this patient's course of psychological care, it could not be determined definitively how the sessions the patient has received of psychological treatment. The official disability guidelines recommend a typical course of psychological treatment to consist of a maximum of 13 to 20 sessions. An exception can be made in some cases for severe symptoms of Major Depressive Disorder or PTSD. In this case, the patient did suffer a head injury when falling off a truck bed. The patient does appear to be making progress in his psychological treatment. However, without knowing how much treatment the patient has received it could not be determined whether eight additional sessions are consistent with industrial guidelines for psychological treatment. It appears that the patient probably started for psychological treatment at the end of March 2015 and continued to receive psychological treatment through August 2015. However, the frequency of sessions was not reported. Treatment session notes appear to be individual session notes from specific sessions rather than summary treatment progress notes reflecting treatment from multiple sessions. They appear to be occurring at a frequency of no more than twice a month. In general, without knowing the specific quantity of treatment the patient has received medical necessity would not be established, however this case a unusual exception can be made because it does not appear taken as a whole of the patient has received an inordinate amount of psychological treatment to date and it does appear that he is deriving at least some benefit from it. It should be noted that no further psychological treatment should be offered without knowing specifically and exactly how much treatment has been provided to date. In addition, it appears likely that these additional eight sessions would likely reach or exceed slightly the maximum industrial guidelines, and therefore the sessions should be used for termination of treatment and guiding the patient towards independent psychological functioning. Therefore, the request is not medically necessary.