

Case Number:	CM15-0185511		
Date Assigned:	09/25/2015	Date of Injury:	10/17/2002
Decision Date:	11/02/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/21/2015

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 59 year old male, who sustained an industrial injury on 10-17-02. The injured worker was diagnosed as having posttraumatic stress disorder; Cognitive Disorder NOS; traumatic brain injury; mood disorder with major depression features; personality change due to head trauma; pain disorder associated with both psychological factors and general medical condition; partner relational problems. Treatment to date has included psychological therapy; medications. Currently, the PR-2 notes dated 7-27-15 are hand written and difficult to decipher. These notes appear to document "Continue meds, talk to [provider] at [REDACTED] as well; concerned over deterioration. Unaffected by medication. Sleep study authorized, yet not scheduled. (Unable to read the rest of this portion of the note). Subjective Complaints are check marked for: "anger, anxiety, depression, impaired concentration; impaired memory, irritability, low self-esteem; social withdrawal, and suicide ideation". Objective Findings are marked as: "angry, anxious, depressed, impaired concentration, memory impairment with Beck Depression Inventory 58 and Anxiety at 49". Under "Functional Assessment-Pal" the provider notes "Consult complex. Will pursue sleep study and increase gabapentin for body" 2) Increase Prozac to 60 for increased depression. 3) (not able to read this line.) 4) [REDACTED] he has lost many of the cognitive skills he acquired there. Has been experiencing symptoms of anger, anxiety, depression, impaired concentration, impaired memory, irritability, low self-esteem, social withdrawal, and suicide ideation. His medications include Prozac and Trazadone. He had treatment at [REDACTED] in [REDACTED] related to posttraumatic stress, cognitive and mood disorder". A Request for Authorization is dated 9-11-15. A Utilization Review letter is

dated 8-15-15 and non-certification was for Two (2) week inpatient psychotherapy treatment related to posttraumatic stress, cognitive and mood disorder. Utilization Review has a telephone conversation with this provider regarding clarify in the requested service. A request for authorization has been received for Two (2) week inpatient psychotherapy treatment related to posttraumatic stress, cognitive and mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) week inpatient psychotherapy treatment related to posttraumatic stress, cognitive and mood disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head; Topic: Interdisciplinary Rehabilitation Program, December 2014 update.

Decision rationale: A request was made for a two week inpatient psychotherapy treatment program at [REDACTED] in [REDACTED] related to posttraumatic stress, cognitive and disorder. The request was non-certified by utilization review which provided the following rationale for its decision: "...it is unclear from the submitted medical records and the peer-to-peer conversation why this treatment cannot be accomplished at a less intensive level of care. Therefore the request should be denied....In a conversation held on August 13, 2015 between utilization review and requesting treatment provider it was noted that the claimant had a traumatic brain injury and is 100% disabled. He participated in a similar inpatient psychotherapy treatment program for two months, three years ago. It is noted that his symptoms have deteriorated and he has cognitive deficits due to its frontal lobe syndrome. It is noted that furthermore that he needs help to organize daily activities. He has poor coping skills. [REDACTED] wants to send them for two weeks of inpatient psychotherapy as a refresher course." CA-MTUS is regarding this request, however ODG states that it is recommended as indicated below. Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community based rehabilitation. All are important and must be directed and/or overseen by a physician board certified in psychiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation. Decision: According to an agreed medical evaluation in neuropsychology from June 13, 2014, It was noted that the patient's industrial injury occurred during his work as a stuntman when he suffered a severe head injury from falling approximately 14 feet with had striking the ground resulting in a brief loss of consciousness. It was noted that he attended in 2012 a residential brain injury rehabilitation program [REDACTED] for two periods of time (six weeks and five weeks) and has continued treatment with the staff member at the [REDACTED] program, a neurologist or neuropsychiatrist that he consults with every two weeks via teleconference who provides cognitive behavioral therapy for his posttraumatic problems in anger management and impulse control. As a result of his prior treatment he has developed

several strategies including using and the erasable whiteboard for planning daily activities and organizing is goal-directed behaviors and two types of notebooks to keep track of things he wants to remember as well as using his [REDACTED] to maintain a schedule of appointments and intended activities. He is continued to consult with [REDACTED] for psychiatric care since 2003 on a monthly basis. A partial list of some of the treatment recommendations included "lifetime treatment to provide behavioral management for emotional dyscontrol, social and appropriateness, and behavioral disorganization. Including regular structured cognitive behavioral psychotherapy and supportive psychotherapy for implementing these techniques and to help structure daily activities. Lifetime euro psychologically informed psychotherapy on a weekly basis was also recommended as needed for urgent situations. In addition to lifetime adjunctive psychotropic medication management by a neuropsychiatrist." The provided medical records reflect that the patient has received this treatment modality on two prior occasions for 11 weeks of treatment. The medical records also indicate that the patient has continued to remain in treatment via teleconference with staff at this requested treatment center. No clear explanation was provided why a less intensive form of treatment could not continue to be utilized. The patient has reportedly been able to maintain an ongoing therapeutic and treatment alliance and relationship with treatment staff via teleconference. There is no indication of why this is insufficient or what additional gains could be made from further inpatient residential treatment over and above the 11 weeks that he is already received. The medical necessity of residential treatment program for two weeks as a refresher course is not adequately supported by the provided medical records. Therefore the medical necessity the request is not established and utilization review decision is upheld. Therefore, the requested treatment is not medically necessary.