

Case Number:	CM15-0190863		
Date Assigned:	10/05/2015	Date of Injury:	04/22/2015
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 36 year old male, who sustained an industrial injury on April 22, 2015, incurring head and scalp injuries. He was diagnosed with a closed head injury, traumatic brain injury with punctate frontal contusion, cerebral concussion and multiple scalp lacerations. Computed tomography scans of the cervical spine, chest, abdomen and pelvis were unremarkable. Computed tomography scan of the brain revealed a brain contusion. Treatment included diagnostic imaging, physical therapy, pain medications, orthopedic and neurological consultations, and activity restrictions. Currently, the injured worker continued to have increased anxiety and difficulty making decisions. He noted difficulty focusing and loss of memory. He continued with persistent pain in his right shoulder and pain with standing, walking and bending. He became anxious readily over making decisions and managing pain. The treatment plan that was requested for authorization September 28, 2015, included six sessions of Cognitive Behavioral Therapy and biofeedback therapy. On September 1, 2015, the request for Cognitive Behavioral Therapy and biofeedback was modified from six sessions to four sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT/biofeedback therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Biofeedback, Psychological treatment.

Decision rationale: A request was made for cognitive behavioral therapy and biofeedback therapy six sessions, the request was modified by utilization review to allow for four sessions with the following provided rationale: "the patient appears to be a candidate for CBT/ biofeedback at this time... While there is no documentation of physical medicine, CBT is warranted when considering the height from which the patient fell, the severity of injuries (to include a punctured lung) and complains of anxiety and your panic attacks. Given the overall clinical history and current complaints, this request is medically necessary. However, the guidelines recommend a trial of 3 to 4 visits; therefore a modified amount of therapy will be provided." This IMR will address a request to overturn the utilization review decision. The medical records provided indicate that the patient fell over 40 feet while trimming trees resulting in traumatic brain injury and a multitude of severe physical injuries. Psychologically it is noted symptoms of anxiety, depression and possibly PTSD. The patient reports that he would like to go back to work with you just looking at trees is causing your panic attacks. This request is for six sessions of cognitive behavioral therapy and biofeedback. It is not clear if the biofeedback is to be considered a separate session or contained within a cognitive behavioral therapy and future request should clarify this. Both of the industrial guidelines recommend an initial brief treatment trial. The MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions whereas the official disability guidelines ODG recommended for six sessions. In this case, the utilization review decision was to modify the request to be in accordance with MTUS guidelines. In this case, because of the severity of the industrial accident resulting in significant head injury, the extended course of an initial treatment trial should be allowed in order to give a little bit of extra time for treatment to show small gains in objective functional improvement. Although the utilization review decision to modify the request to allow for an initial treatment trial is not entirely incorrect, after careful reading of the medical records the Official Disability Guidelines for psychological treatment appeared to be more appropriate for this patient. Therefore the medical necessity and reasonableness of the request is medically necessary and the utilization review decision is overturned.