

<b>Case Number:</b>	CM15-0194342		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 51 year old male, who sustained an industrial injury on 6-10-2014. He reported a traumatic brain injury and multiple fractures from a 20-25 foot fall. Diagnoses include closed skull fracture with subdural hematoma and loss of consciousness, pulmonary embolism, extensive facial fractures, T9 vertebral fracture, left trigeminal nerve injury, right radial nerve neuropathy, and tinnitus of both ears. Prior treatments documented included activity modification, physical therapy, and medication therapy. The records indicated that a neurobehavioral status exam was conducted on 11-11-14, neuropsychological testing completed on 1-29-15, and neuropsychology consultations were conducted on 1-29-15, 3-24-15, and last updated on 9-3-15. The records indicated he complained of ongoing headaches, visual problems, and insomnia. The provider documented "psychomotor speed and verbal fluency were low average and below expectation. Performance improved with repetitive practice. The effect was true for word lists, story information and abstract visual information. There were also qualitative problems with repetition errors during verbal fluency." He complained of ongoing post traumatic stress syndrome symptoms, difficulty sleeping, and ongoing pain in the face, jaw, and shoulder. The provider documented anatomy of the face and shoulder and the use of focused breath to get more activated with increasing pleasant events were reviewed. The records included multiple tests and results revealing deficits in certain aspects of frontal lobe and executive systems functioning including verbal fluency, ability to multi-task, attention, and single trial learning. The treating diagnoses included late effects of TBI with prior skull fracture, neuropathy of right radial nerve, left facial numbness, left trigeminal nerve injury and tinnitus bilaterally. The plan of care included treatment with "rehabilitative psychologist with specific expertise in brain-behavior relationships and addressing the complex interplay between psychological and neurologic conditions." The

appeal requested authorization for health and behavior intervention, once every one to two weeks for a total of twelve (12) sessions. The Utilization Review dated 9- 21-15, denied this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Health and behavior intervention once every 1 to 2 weeks, quantity: 12 sessions (48 units):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update. See also ODG, chapter Head, topic Cognitive therapy.

**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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. See ODG Chapter Head, Topic: Cognitive Therapy for additional information. Decision: a request was made for Health and behavioral intervention, once every 1 to 2 weeks, quantity: 12 sessions (48 units); the request was non-certified by utilization review which provided the following rationale for its decision: "in this case, there is a history of injury, pain, and stress. The provided note did not document any symptoms and signs supporting the use of psychotherapy. Based on the provided guidelines the requested health and behavioral intervention once every 1 to 2 weeks, 12 sessions 9615 248 units, 97532 is not medically necessary due to a lack of documentation." This IMR will address a request to overturn that decision. According to an initial neurobehavioral consultation from July 22, 2015 is noted that the patient fell approximately 30 to 35 feet during the course of his employment as an ironworker on June 10, 2014. As a result he suffered physical injuries that have been well documented in the medical

records. In the assessment section of this comprehensive report is noted that the patient still reports some PTSD related symptoms and significant problems with attention and memory, pain in various locations, double vision, and it is recommended that treatment to help manage traumatic brain injury related symptoms may potentially be beneficial with some structured cognitive rehabilitation. This request for 12 treatments of health and behavioral intervention is requested to help the patient learn "effective and efficient means of internal self-regulation and buffering of external stress. Training should have a benefit on emotions, sleep and functional activity. After learning some basic coping skills," cognitive rehabilitation is then requested to be incorporated into the treatment. The completed report included detailed cognitive assessment of areas of strength and weakness as well as a treatment plan. The request is supported by bowls of the industrial guidelines (MTUS and ODG) for psychological treatment. The medical necessity and reasonableness of this request has been properly established by the provided medical records. Therefore, because the medical necessity and appropriateness of the request has been established the utilization review decision is overturned, therefore is medically necessary.