

<b>Case Number:</b>	CM15-0029107		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male whose date of injury is 02/07/14. He was employed as a hospice nurse. He related that he was walking across the parking lot and his next memory was awakening in the ER. It is unclear exactly what occurred, but he experienced loss of consciousness for about an hour and sustained traumatic brain injury with subsequent headaches, visual deficits, vertigo, and personality and behavior changes. He began to display disinhibition, mood liability, impulsivity, and endorsed depression, anxiety and panic attacks of up to 2-3 times per day, and becoming easily over stimulated. He has a reduction in ability to concentrate, and in sense of smell and taste. His short term memory is extremely impaired. It was felt that the injury involved the right frontal area given his clinical picture. The patient holds a BA in organizational management and was a police officer before going into nursing. He stated that he spoke 4 languages and was athletic. He rates his pain as 6-8/10; crushing migraines, and neck/upper back. He requires a part time caregiver. He received physical therapy, occupational therapy, and speech therapy (comprehensive rehab services of up to 19 hours weekly). He has shown objective functional improvement in reading comprehension, problem solving, and tolerance of community activities. He received a trial of four CBT sessions. On 01/22/15, progress note shows he was engaged in the treatment and improvement was slow but noticeable. Treatment provided strategies to manage head pain, depression and anxiety, and it did aid in decreasing his severe anxiety and panic attacks. On 02/09/15, he had neuropsych testing. He ambulated with a cane and at that time had a service dog. He said he is no longer able to multitask. He rated in the severe range in the Beck Inventories for anxiety and depression. His Pain Patient Profile showed that the

depression/anxiety/somatization scales was above average, so these symptoms (particularly depression in this case) all have potential for interference with physical treatment in pain reduction this patient. He is taking Ritalin 5mg TID, and he also appears to be on Gabapentin and Risperidone. It is unclear if he is still on Klonopin or if that was tapered. Also unclear is if he is still on Zoloft (Sertraline).

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

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

**Continued individual sessions of cognitive behavioral therapy (postconcussive disorder, traumatic brain injury) x12 weekly:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG); Head Chapter.

**Decision rationale:** Per MTUS, psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. As stated in ODG, cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychologic distress and improve cognitive functioning among persons with traumatic brain injury. Patients with TBI are at increased risk of developing psychiatric disorders, with a rate as high as 31% at a year post injury. As this injured worker has shown objective functional improvement with his initial trial of CBT, he should be afforded an additional twelve sessions to allow him the opportunity to improve his condition. This request is therefore medically necessary.

**Continued concurrent pain management support group (postconcussive disorder, traumatic brain injury), (19 hours per week for 4 weeks including physical therapy, occupational therapy, speech therapy and social services for support/education):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Chapter, CA MTUS is silent regarding concurrent pain management support group.

**Decision rationale:** The patient has experienced TBI with what appears to be fairly severe sequelae. He has been receiving these services and has shown objective functional improvement as noted. Given the severity of his deficits, and the fact that he meets criteria for this service and he has shown objective functional improvement; therefore, this request is medically necessary.

