

Case Number:	CM15-0052312		
Date Assigned:	03/25/2015	Date of Injury:	04/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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 60 year old female, who sustained an industrial injury on 04/19/2014 after being assaulted by a shop lifter. On provider visit dated 02/24/2015 the injured worker reports anxiety, difficulty sleeping, and headaches. She was noted to appear anxious and depressed. The diagnoses have included post traumatic stress disorder. Treatment to date has included psychiatrist evaluation, psychologist, and medication. The provider requested and an additional 6 psychology treatments and neuropsychology evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 psychology treatments: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

Decision rationale: 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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for 6 additional sessions of psychological treatment, the request was non-certified by utilization review which provided the following rationale: "It is not clear how many psychotherapy sessions the claimant has received and if she has functionally progressed as a result of the same." The medical records that were provided for this review are insufficient to support the request of procedure. It is not clear how many treatment sessions the patient is already received to date. There were several treatment progress notes from July 2014 but they are not clearly identified in terms of treatment quantity. In addition, patient benefit from prior treatment sessions does not appear to be substantial enough to warrant additional treatment based on the limited documentation provided. It is possible that the patient could still benefit from further psychological treatment however, this could not be determined by the documentation provided and therefore the utilization review determination for non-certification is upheld based on insufficient information regarding prior treatment sessions in terms of quantity and patient benefit/outcome in terms of objectively functional measured improvements. The request is not medically necessary.

Neuropsychology evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

Decision rationale: Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on

neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/m TBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009) Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. Formal NP testing is not required for all athletes, but when it is considered necessary, it should be performed by a trained neuropsychologist. Decision: the request was made for a neuropsychological evaluation the request was noncertified by utilization review with the following rationale: "This should be evaluated after this information has been received by the prospective neuropsychologist with additional information on the battery of tests to be utilized. The mere request for neuropsych testing without additional information about a thorough initial assessment about the claimants continuing cognitive symptoms is not sufficient to consider neuropsych testing is medically necessary." The medical records reflect that the patient sustained a concussion with loss of consciousness when she was attacked by a shoplifter while at work and has been diagnosed with postconcussion syndrome and indication of head trauma although CT of the head was negative. The medical records that were provided for this independent review do support the appropriateness and the apparent medical necessity of the request for a neuropsychological evaluation for this patient at this juncture in her treatment. She is exhibiting delayed recovery as well as continued symptoms that appear to be neuropsychological he related as a direct result of her head trauma. The official disability guidelines do support the use of neuropsychological evaluation for concussion as an appropriate diagnostic tool. It appears based on a treatment progress note from September 10, 2014 that the patient had a neuropsychological evaluation scheduled for September 10, 2014 and did not show up to the appointment or call to cancel it. It was further noted in a different note that the patient's attorney had called the patient to remind her of the appointment 2 days prior and that she reported forgetting the appointment. It was also noted that the patient has "a history of non-compliance." Although the appropriateness of the requested treatment does appear supported by her diagnoses and the disability guidelines, the appropriateness of this request is partially mitigated by possible alleged patient compliance issues. Because sometimes neuropsychological issues can interfere with simple tasks like remembering appointments the benefit of the doubt can be offered in this particular case in order to complete this evaluation that appears to have been originally authorized and not completed in September 2014. Therefore, given that the medical necessity of the testing is supported by official disability guidelines and appears reasonable the utilization review determination is overturned and a request for one neuropsychological evaluation approved. The request is medically necessary.