

Case Number:	CM15-0083463		
Date Assigned:	05/05/2015	Date of Injury:	02/07/2014
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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 43 year old male, who sustained an industrial injury on 02/07/2014 as a result of a fall. The injured worker was noted to have suffered a traumatic brain injury. On provider visit dated 01/06/2015 the injured worker has reported nightmares, anxiety and pain in head, neck and right groin and right calf area. He was noted to have an electrical sensation on right side from foot to groin. On examination the right hip was noted to have a decreased range of motion. Pain in right groin, right shin splints. He was noted as having his head down with poor eye contact and apologetic. The diagnoses have included status post slip and fall, posttraumatic headaches, visual deficits, vertigo hearing problems, fatigue, and cognitive behavior deficits. Mobility deficits are right hip pain and chronic low back pain. Treatment to date has included medication, physical therapy, occupational therapy, diagnostic studies and speech pathology. He was noted to have under gone a right hip arthroscopy on 10/15/2014. The provider requested continued individual cognitive behavioral therapy sessions 1x12 sessions and concurrent pain management support group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued individual cognitive behavioral therapy sessions 1x12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT.

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, Cognitive therapy.

Decision rationale: Based on the review of the medical records, the injured worker has completed 4 sessions of CBT with treating psychologist, [REDACTED]. In his 3/23/15 letter, [REDACTED] presents relevant and appropriate information to substantiate the need for additional treatment. The ODG recommends an initial trial of 6 visits over 6 weeks for the treatment of head injury. It further indicates that a total of 13-20 visits may be necessary as long as CBT is being completed and there is evidence of objective functional improvement. Utilizing this guideline, the request for an additional 12 sessions appears reasonable. As a result, the request for an additional 12 CBT sessions is medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 sessions in response to this request.

Concurrent pain management support group: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury. Unfortunately, it is unclear from the records as to whether the injured worker has already received any pain management support group services. Without any information about prior services or lack thereof, the need for pain management support group services cannot be fully determined. Additionally, the request remains too vague and does not include the number of sessions being requested. As a result, the request for "concurrent pain management support group" services is not medically necessary.