

<b>Case Number:</b>	CM14-0115918		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the medical records that were provided for this IMR, this patient is a 39-year-old male who reported an industrial/occupational injury that occurred on April 30, 2011, The injury occurred when the patient was working as a window washer and fell off the roof landing on a cement balcony one floor down. He had immediate and intense pain that was experienced in the back, shoulder, head and legs: he was bleeding profusely from his mouth and screaming in pain when he was transported to emergency hospital. He sustained multiple severe injuries including lumbar and pelvis fracture, posttraumatic head syndrome with cephalgia, cervical sprain/strain and degenerative disc disease C4-six, bilateral shoulder sprain/strain, and multiple additional medical diagnoses. This independent medical review will address symptoms and treatment related to his psyche. The patient has recently had completed a course of 17 group psychotherapy treatment sessions. The patient continues to report constant and chronic headache, memory problems, or sense of direction, difficulty comprehending reading, slurred speech, and perceives people to be mumbling when they are speaking with him, there are also word finding problems and possible summations. A treating psychologist acknowledged a need for referral to neuropsychological evaluation or a neurobehavioral status exam to better address his traumatic brain injury. The patient complains of constant neck pain that radiates to the head with associated headache, bilateral shoulder and knee pain and constant back pain. Psychological difficulties include depression and loss of hope. He reports ongoing sexual dysfunction. He has been diagnosed with: Major Depressive Disorder, Single Episode, Severe without Psychotic Features; Posttraumatic Stress Disorder, Chronic; Insomnia; Mental Disorder Not Otherwise Specified, Head Trauma. Psychological testing was conducted in January 2014 and indicated depressions, anxiety, sleep difficulties, sexual difficulties, memory problems, attention span deficits, gastrointestinal disturbance, and physical complaints. Beck Inventory scores reflected severe

anxiety and depression. He has periodic episodes of suicidal ideation and reports persisting thoughts of death without intention to harm himself. A treatment progress note dated June 2014 from his primary treating psychologist reports continued persistent pain, sleep difficulties with some improvement with medication, feeling tired, nervous, anxious, and tense. He has nightmares and dreams related to the accident, but decreased frequency of flashbacks related to the accident while awake. There are fears of dying and fears the worst happening to him and feeling sad about not being able to work and be productive causing a result of lost confidence. Treatment goals were listed as decreasing frequency and intensity of depressive and anxious symptoms, improving duration and quality of sleep, and decreasing frequency of flashbacks, nightmares, and intrusive recollections of industrial accident. Treatment progress has been noted in "decreased intrusive flashbacks related to the accident and sleep." Patient is receiving monthly psychiatric treatment. A similar progress note was found for May 2014 with same treatment goals and progress was listed as "improved mood, sleep, and ability to relax with treatment." A request was made for one office visit with the purpose of evaluating the patient for additional group psychotherapy sessions. The request for this treatment was not approved, the utilization review rationale was that additional psychological treatment has not been approved and a neuropsychological evaluation should be used to direct appropriate treatment recommendations. This request was considered to be a "post-treatment" evaluation and therefore not medically necessary. This IMR will address a request to overturn this UR decision.

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

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

**Office visit, QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy, Psychotherapy Guidelines June 2014

**Decision rationale:** According to the MTUS guidelines for follow-up visits, the frequency may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work these visits allow the physician and patient to reassess all aspects stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, and activity modifications, and other concerns...Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty). A request was made for "one office visit with the purpose of evaluating the patient for additional group psychotherapy sessions." There is no indication that the patient is being considered center for a change in duty status. According to the medical records, this patient suffered a traumatic head injury, and as a consequence is having cognitive difficulties and depression/anxiety as a result. He patient has completed 17 group therapy treatment sessions. The Official Disability Guidelines cognitive behavioral therapy topic

for depression suggests that patients who are were making progress in their treatment may have up to a maximum of 13-20 sessions. The patient's treatment already falls in into that range making the need for an assessment to facilitate more sessions not medically indicated. The finding of this independent medical review is that the original utilization review decision and rationale for non-certification was correct and it should be upheld. The medical necessity of a follow-up visit was not established.