

Case Number:	CM14-0140879		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2012
Decision Date:	11/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient of the date of injury of April 23, 2012. A utilization review determination dated August 26, 2014 recommends modified certification of psychotherapy, from the requested 16 sessions to 4 approved sessions. A neurology report dated June 3, 2014 indicates that the patient was evaluated by a neuropsychologist in 2012 who recommended 6-8 sessions of cognitive behavioral psychotherapy. The note indicates that the patient underwent cognitive rehabilitation but no "new psychological evaluation." The note states that cognitive difficulties have remained present. After an evaluation in August 2013, the patient underwent cognitive rehabilitation and speech therapy. Current complaints include difficulty doing multitasking, exhaustion, and slowness in learning new things which cause a great deal of anxiety. The patient reports activities of daily living are difficult. Mental status exam is normal. In September 2013, the patient's primary treating physician recommended 12 weeks of additional cognitive rehabilitation addressed functional deficits in math, verbal working memory, reading comprehension, written expression, topic maintenance, and complex attention. Diagnoses include closed head injury with headaches and cognitive difficulties. Future treatment recommend a neurologist for headaches, acupuncture, a home exercise program, a full evaluation under the direction of a neuropsychologist to assess cognitive difficulties, and ophthalmological consultation. A peer review report dated April 22, 2014 indicates that the patient has undergone 40 visits of psychological services over the past 9 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy #16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for additional psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has undergone numerous previous psychological visits. There is no documentation of objective functional improvement or improvement in the patient's psychological symptoms as a result of the sessions already authorized. It is acknowledged, that this patient may need psychotherapy beyond what is generally recommended by guidelines. However, there must be documentation of functional improvement from the sessions provided, as well as reasonable treatment goals and a plan to achieve those goals to support the medical necessity of further psychological treatment. Unfortunately, none of these things have been documented here. The previous request was modified to recommend 4 visits. This would have allowed time for the treating psychologist to document the ongoing medical necessity for further care. Unfortunately, there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.