

Case Number:	CM14-0161864		
Date Assigned:	10/06/2014	Date of Injury:	08/30/2011
Decision Date:	11/06/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 a licensed Psychologist, 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:

The claimant is a 32 year-old female (DOB) with a date of injury of 8/30/11. The claimant sustained an injury to her head when a metal hand cart flipped forward, causing blunt head trauma to the vertex of her head as well as brief loss of consciousness. The claimant sustained this injury while working for [REDACTED]. In his "Visit Note" dated 9/16/14, [REDACTED] diagnosed the claimant with: (1) Posttraumatic stress disorder; (2) Syndrome post concussion; (3) Sprain/strain thoracic region; and (4) Sprain/strain lumbar region. Additionally, in his "Neuropsychological Report" dated 8/7/14, [REDACTED] diagnosed the claimant with "probable vestibular system trauma with secondary symptoms of dizziness, imbalance, difficulty with visual focusing and concentration, nausea and headache and a largely resolved cognitive impairment syndrome." It is also reported that the claimant developed psychiatric symptoms secondary to her work-related injury. In his 5/27/14 PR-2 report, treating psychologist, [REDACTED], diagnosed the claimant with: (1) Anxiety disorder, NOS; and (2) Cognitive disorder, NOS. The claimant has been receiving psychological services to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral therapy Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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

Decision rationale: The CA MTUS does not address the treatment of anxiety therefore; the Official Disability Guideline regarding the use of cognitive-behavioral therapy to treat various psychiatric conditions will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience various symptoms related to her work-related head injury and has been treating with various physicians including a neuropsychologist and psychologist. The records indicate that the claimant has been receiving psychotherapy services with [REDACTED] since his initial consultation dated 11/21/12. In his most recent PR-2 report submitted for review, dated 5/27/14, [REDACTED] lists the objective findings as "manifest anxiety, circulating worry, presentiment, and liability." The report does not indicate any objective functional improvements made from the services nor the number of sessions that have been completed to date. The ODG indicates that objective functional improvements need to be demonstrated in order to gain additional sessions. It also recommends a total of up to 20 sessions. Given the lack of sufficient information to substantiate the request for additional sessions, the request for "Additional Cognitive Behavioral Therapy Quantity 6" is not medically necessary.