

Case Number:	CM14-0165409		
Date Assigned:	10/09/2014	Date of Injury:	06/09/2012
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 Texas. 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 injured worker is a 42-year-old male who reported an injury on 06/09/2012. The mechanism of injury reportedly occurred as robbery and an assault. His diagnoses were noted as status post assault with left frontotemporoparietal skull fractures with subdural/subarachnoid hemorrhages, status post craniotomy, cranioplasty, ventriculostomy secondary to the assault, post-traumatic contusions/encephalopathy, anosmia and headaches, gastrointestinal reflux disease, obstructive sleep hypopnea, benign paroxysmal positional vertigo, decreased auditory acuity of the left ear, post-traumatic mood/depression and adjustment difficulties, hypertension, and elevated thyroid indices. His treatments were noted as counseling, physical therapy, occupational therapy, and speech therapy. His diagnostic studies included a CT of the head, CT of the facial, CT of the cervical spine, CT of the lumbar spine, x-rays of the pelvis, x-rays of the skull, renal ultrasound, x-rays of the chest, electroencephalogram, and an ultrasound of the lower extremity. His surgical history was noted as unremarkable. On 05/06/2014, the injured worker reported tenderness over the left side of his head, where he had surgery, with pain. He reported that he was still short-tempered and poorly tolerated inefficiency and tardiness, and people with "bad attitude." A psychology note dated 09/01/2014 indicated that he was cognitively compromised and experienced comprehension difficulties. He reportedly could not sleep through the night and was fatigued. He had reportedly become socially isolated. The physician noted that his depression had been deepening as his feelings of powerlessness over his own life had increased. The treatment plan was for 12 sessions of psychotherapy. The rationale for the request was to assist him in reducing his hopelessness and emotional impotence. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2009 Edition, pages 105 - 127, as well as the Official Disability Guidelines (ODG)

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 & Stress, PTSD psychotherapy interventions

Decision rationale: Based on the clinical information submitted for review, the request for 12 sessions of psychotherapy is not medically necessary. According to the Official Disability Guidelines, up to 13 to 20 visits over 7 to 20 weeks may be granted if progress is being made. It is noted that the provider should evaluate symptom improvement during the process so a treatment for others can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe major depression or a post-traumatic stress disorder up to 50 sessions may be warranted if progress is being made. The injured worker was reportedly a victim of robbery and assault. He was reportedly punched in the jaw, fell on the floor, and lost consciousness, and was in a 2 week coma. He was noted to be cognitively compromised and experienced comprehension fatigue. He also lost his ability to smell, and had permanent loss of left sided hearing. Although it was noted that the injured worker suffered a traumatic brain injury, and required the psychotherapy, there was insufficient objective documentation showing what progress he had made, if any, with the therapies attended. Also, the guidelines indicate that in cases of severe post-traumatic stress disorder up to 50 sessions may be warranted if progress is being made; however, it is unclear how many visits he has attended. As such, the request for 12 sessions of psychotherapy is not medically necessary.