

<b>Case Number:</b>	CM14-0181608		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 & Rehabilitation, 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 54 year-old patient sustained an injury on 8/15/14 while employed by [REDACTED]. Request(s) under consideration include. The patient struck a steel beam without loss of consciousness, but developed intermittent headaches. Head CT scan was unremarkable and emergency room evaluation showed completely intact neurological exam for impression of post-concussive syndrome. The patient was given Percocet which provided beneficial relief. Report of 8/26/14 noted patient with continued headaches and light sensitivity with vision not back to normal and persistent ringing in the ears. Exam showed alert, oriented, fully aware of circumstances prior to and after injury; no crepitus or step-off, mild tenderness of head; no battle sign or raccoon eyes; intact cranial nerves; extra-ocular movements intact, pupils reactive to light and accommodation; visual acuity of 20/50 OD, OS, and OU; no tenderness; and small resolved laceration at nose bridge. Diagnoses include head trauma, facial injury/contusion, nose injury, and persistent headaches. There was an ambulance response report dated 9/3/14 noting patient was driven by her mother to a fire station with complaints for dizziness, headaches, and nausea. EKG was unremarkable; vitals were stable; exam was unremarkable with impression of behavioral/psychiatric anxiety/panic. Report of 9/19/14 noted patient with continued headaches and light sensitivity with normal CAT scan of 9/3/14. Treatment has included Meclizine for vertigo and Percocet for headaches with good relief. Exam of the eyes, head and face were unremarkable. Diagnoses included head trauma; facial injury/contusion and nose injury, greatly improved; and headaches with persistent vertigo and nausea. Treatment plan for neurology consult, medications Meclizine and Tramadol with patient remaining TTD. Exam on 9/26/14 was with unremarkable findings without any gross motor weakness, normal gait and reflexes except for some wobbliness doing heel-toe walk and Romberg testing. The patient states she has difficulty sleeping; however, had previous mention of sleeping 24 hours straight on another day.

Treatments included acupuncture, ophthalmology consult, remaining TTD. Report of 10/10/14 from the provider noted the patient stating she is not doing well and is "afraid to go back to work because I get hurt there." The patient requests for psychology evaluation. Complaints include continued headaches and dizziness. Exam was unremarkable and neurological intact. Treatment included medication refills; behavioral health evaluation for patient's fear of going back to work; and the patient remained TTD. The patient was instructed to take Tylenol and remained off work. There is past medical history of asthma and diverticulitis with allergy to Morphine. The request(s) for was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

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

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

**Behavioral Health Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological Treatment Page(s): 23; 101-102.

**Decision rationale:** Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the behavioral health evaluation beyond the multiple medical evaluations by the occupational provider, neurology and ophthalmology specialists to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work; however, guidelines criteria have not been demonstrated in the submitted reports. Current reports have no specific psychological symptom complaints, clinical findings or diagnostic procedures to support for the Psychotherapy evaluation as it relates to a post-concussion syndrome with unremarkable diagnostic testing and clinical findings to support for the Psychotherapy evaluation. It appears the patient's symptom complaints of dizziness and headaches are controlled by pharmacological treatment without remarkable findings on clinical exam of psychological issues. The Behavioral Health Evaluation is not medically necessary and appropriate.