

Case Number:	CM15-0011397		
Date Assigned:	01/30/2015	Date of Injury:	09/05/2013
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 54- year old female, who sustained an industrial injury on September 5, 2013. She has reported falling from a ladder and losing consciousness. The diagnoses have included subarachnoid hemorrhage and multiple facial fractures, traumatic brain injury, nasal bone and left orbital fractures, fractured humerus, left wrist strain, post-traumatic stress disorder and anxiety. The claimant had been undergoing cognitive behavioral therapy since March 2014. Treatment to date has included pain medications, anti-depressant medication, physical therapy with home exercise program, a neuropsychological evaluation, activity restriction, rest and routine monitoring. Currently, the IW complains of sharp and stabbing pain in the left side of her temple frontal area, which would last a few seconds and then go away. This is reported to happen a couple of times per week. There was left cheek pain that radiated down the chin region. Physical exam was remarkable for sensitivity to light touch over the left cheek with swelling. Pain was aggravated by cold weather. Breathing was reported to be difficult when pain occurred. The worker was temporarily disabled at current time. The claimant was diagnosed with nasal bone fracture, rib fracture and humerus fractures. A recent progress noted that the claimant had persistent anxiety from the injury and PTSD. On December 17, 2014, the Utilization Review decision non-certified a request for specialist day treatment for post-traumatic stress disorder three times per week for four weeks, noting the that there is insufficient evidence to determine the effectiveness of multi-disciplinary post-acute rehabilitation programs for patient with moderate to severe traumatic brain injury. The documentation for the rationale cited as only "Multi-disciplinary rehabilitation". On January 20, 2015, the injured worker submitted an

application for IMR for review of specialty day treatment for post-traumatic stress disorder three times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist day treatment for post traumatic stress disorder 3 times a week for 4-6 hours each session: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Cognitive Behavioral therapy Page(s): 101, 23.

Decision rationale: Psychotherapy is recommended for appropriately identified patients during treatment for chronic pain. 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. According to the guidelines, CBT is recommended as follows: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. In this case, the limit to the sessions is not defined. Functional improvement is not known until 3-4 sessions which can be performed within 1 week. The claimant had undergone an unknown amount of CBT since March 2014. Based on the indefinite nature of the request, the psychotherapy/day treatment sessions as requested is not medically necessary.