MAXIMUS Federal Services

Case Number:	CM15-0177494		
Date Assigned:	09/18/2015	Date of Injury:	09/26/2014
Decision Date:	11/02/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 26-year-old female, who sustained an industrial-work injury on 9-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussive disorder, mild traumatic brain injury, depression, anxiety, post-traumatic stress disorder, and increased sensitivity to chronic migraine headaches. Medical records dated (6-2-15 to 7-17-15) indicate that the injured worker complains of symptoms consistent with post-concussive disorder such as dizziness, poor concentration, agitation, anxiety, migraines and depression. The medical records also indicate improvement of the activities of daily living. Per the treating physician, report dated 2-24-15 the injured worker has not returned to work. The physical exam dated from (6-2-15 to 7-17-15) reveals that with a combination of Cognitive Behavioral Therapy (CBT) and neurofeedback it improved the injured worker's cognitive processing, reduced anxiety levels, decreased agitation, improved concentration, she reported sleeping improved, she is able to concentrate and read and overall ability to manage her symptoms has improved. The medical record dated 7-17-15 the physician indicates that she has reported that her level of depression has exacerbated and it was recommended she try St John's wort with mild improvement noted. The physician also indicates that she reports a decrease in anxiety and increased clarity, and at this point given the improvement that she experiences with the treatment, he recommends 8 additional sessions of Cognitive Behavioral Therapy (CBT) and notes that without this treatment, there is strong probability that she will require a much higher level of care. Treatment to date has included pain medication, psyche and behavioral evaluation, diagnostic psychological testing, pain management, Cognitive Behavioral Therapy (CBT) and

neurofeedback at least 8 sessions, and other modalities. The request for authorization date was 7-27-15 and requested service included 8 Follow up visits with psychologist. The original Utilization review dated 8-10-15 modified the request as the injured worker has had a prior course of Cognitive Behavioral Therapy (CBT) and four additional sessions should be adequate to transition the injured worker to independent home exercise program (HEP) and address residual issues of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Follow up visits with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/ Cognitive therapy.

Decision rationale: Per ODG, "Cognitive therapy: Recommended with restrictions below. For concussion/ mild traumatic brain injury, neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. ODG Psychotherapy Guidelines: - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is noted that the injured worker has been in psychotherapy treatment for the mild traumatic injury and post concussive syndrome. She has completed several sessions, total number is unknown. The request for 8 additional sessions in absence of information regarding prior treatment is not indicated, since the guidelines recommend a total of 13-20 sessions. It is to be noted that the UR physician authorized 4 sessions of CBT. This request is not medically necessary.