

Case Number:	CM15-0043057		
Date Assigned:	03/13/2015	Date of Injury:	02/07/2014
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 was a 42 year old female, who sustained an industrial injury, February 7, 2014. The injured worker was crossing a parking lot. The next thing the injured worker remembered was waking up in the emergency department. The injured worker had fallen and suffered a traumatic brain injury, right hip, mobility deficits, daily post traumatic headaches, visual deficits, vertigo, fatigue and cognitive behavioral deficits (dis-inhibition, anxiety, panic attacks 2-3 per day, inattention, emotional and mood challenges, impulsive and decreased frustration tolerance). The injured worker previously received the following treatments 4-5 cognitive behavioral therapy sessions, 19 hours of neuro-rehabilitation per week, physical therapy, occupational therapy, speech therapy, and social services for support and education about the brain injury and recovery. The injured worker was diagnosed with post-concussive disorder with traumatic brain injury, arthroscopy debridement of the right hip anterior and superior acetabular labrum tear on October 15, 2014. According to progress note of January 22, 2015, the injured workers chief complaint felt confused, dejected and despondent. The injured worker states his mind was usually in a fog. The injured worker reports headaches, hip pain after surgery, struggles with impulse control, using crude language not used in a long time, low tolerance for frustration, over stimulation by people and noises, panic attacks and disturbed sleep cycle. The objective finds were the injured worker was being extremely self-critical and unable to think straight. The therapist was encouraging the injured to regulate sleep cycle and engage in therapies to distract from depression and encourage interaction with friends to avoid isolation and obsessing about the injured workers condition. To assist the injured worker with strategies to

manage head pain, depression and anxiety. The treatment plan included individual sessions of cognitive behavioral therapy (post-concussive disorder, traumatic brain injury) and continuation of concurrent pain management support group (post-concussive disorder, traumatic brain injury).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing education or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these 'at risk' patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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 (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has had at least 4 psychotherapy sessions. The request for Cognitive Behavioral Therapy, 12 sessions is excessive and not medically necessary as it exceeds the guideline recommendation for the number of sessions recommended for treatment of chronic pain with psychotherapy.

Pain Management Support Group: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: MTUS guidelines state that 'Psychological treatment 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 post traumatic stress disorder). The request for Pain Management Support Group does not indicate

the number of group therapy sessions being requested. Thus the request is not medically necessary at this time.