

Case Number:	CM15-0094009		
Date Assigned:	05/20/2015	Date of Injury:	06/02/2010
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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

Certification(s)/Specialty: Psychologist

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 47 year old female, who sustained an industrial injury on June 2, 2010, incurring head and neck injuries after hitting her head against a pallet. She was diagnosed with a concussion. She had symptoms of dizziness, nausea, ringing in the ears with pain in her head, neck and shoulder. Treatment included anti-inflammatory drugs, antiemetic medications, antidepressants, analgesics, psychotherapy and Cognitive Behavioral Therapy sessions. Currently, the injured worker complained increased stress and depression, loss of memory, vertigo, double vision, headaches, right shoulder pain and neck pain. The treatment plan that was requested for authorization included six sessions of cognitive rehabilitation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of cognitive rehabilitation therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter head (trauma,

headaches, etc. not including stress and mental disorders), topic cognitive therapy, updated December 5, 2014.

Decision rationale: According to the official disability guidelines, cognitive therapy is recommended with restrictions, "Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory gates. Cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychological distress and improve cognitive functioning among persons with traumatic brain injury." For mild TBI, a referral for psychological services should be strongly considered 3 or more months post injury if the individual is having difficulty coping with symptoms or stressors or when secondary psychological symptoms such as intolerance to certain types of environmental stimuli or reactive depression are severe. Psychotherapy guidelines recommend 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 of 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. A request was made for 6 sessions of cognitive rehabilitative therapy, the request was noncertified by utilization review with the following provided rationale: "the patient has already attended 10 sessions of cognitive behavioral therapy. Additional sessions would exceed the guidelines recommendations of 6 to 10 visits. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request would not be supported. Also there is a lack of documentation showing that the patient has made any significant improvement in her function or a significant decrease in her psychological stressors to support additional sessions." This IMR will address a request to overturn the utilization review non-certification. The utilization reviewer who non-certified the request for additional cognitive rehabilitation therapy may have incorrectly used the MTUS citation for cognitive behavioral therapy. The MTUS does not specifically address cognitive rehabilitation therapy, however the official disability guidelines chapter on head injury does and recommends a more extended course of treatment consisting of 13 to 20 sessions for most patients with the possible exception to allow for an extended course of treatment in the case of severe major depression which appears to possibly apply in the case of this patient and would allow up to a total of 50 sessions maximum with documentation of patient progress. The patient received a comprehensive evaluation on March 31, 2015 and was diagnosed with Major Depressive Disorder, Severe, Recurrent without Psychotic Features; Insomnia Due To Pain; Cognitive Disorder Not Otherwise Specified. It is further noted in this report that the patient has been participating in "cognitive behavioral therapy" and is benefiting from it. Thus, there is some conflicting information regarding the type of therapy that this patient is receiving. According to a treatment, progress note from the patient's primary treating psychologist from January 6, 2015 the patient is noted to be "continuing to learn and implement coping skills." Also the patient is noted to be "still depressed." The provided treatment progress note does not provide much information. There is no indication of patient benefit from prior treatment sessions she has received, there is no active treatment plan specifying what is being worked on in the psychological treatment and it is unclear whether or not the patient is benefiting from the treatment she has been receiving and also how many sessions she has received to date. An additional brief treatment progress note from October 17, 2014 notes that the patient has been

"using breathing exercises and reinforcement of what she can do and not focusing on the negatives etc." Taken as a whole, the treatment progress notes that were provided for consideration for this IMR were inadequate in establishing the medical necessity of continued treatment. Missing is sufficient information regarding patient benefited from prior sessions and the total quantity of sessions already provided. There is no active treatment plan which also would be needed in order to justify continued psychological treatment. Because of these reasons the medical necessity of the request is not established. This does not mean that the patient does not, or does need psychological treatment only that the medical necessity of this request was not established by the provided documentation. Therefore, the utilization review determination for non-certification is maintained.