

<b>Case Number:</b>	CM15-0099064		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 33 year old male patient who sustained an industrial injury on 03/10/2015. The first report of illness dated 03/10/2015 reported the patient having had been attacked by a fellow employee and struck in the head with a hammer and acutely evaluated. The injury resulted in a depressed skull fracture, epidural hematoma. He underwent emergent right frontal craniotomy evacuation of hematoma. A post hospitalization follow up dated 04/08/2015 reported subjective complaints of balance disruption, light sensitivity, constant right sided headaches, and diplopia, neck and back pains. He is also experiencing anxiety and nervousness since the incident with hypervigilance to sudden loud sounds. In addition he is with complaint of sleep difficulty and nightmares. The following diagnoses are applied: closed skull fracture, unspecified concussion; posttraumatic stress disorder; neck sprain; cervicocranial syndrome; spasm of muscle; lumbar sprain; other symptoms referable to back, and lesion of ulnar nerve.

The plan of care involved: recommendation for ophthalmology consultation, laboratory work up, radiography study, occupational therapy, physical therapy, administration of nerve block, undergo neuropsychiatric evaluation, undergo cognitive behavioral therapy, utilize a transcutaneous nerve stimulator unit, lumbar brace, hot/cold application, prescribed scar cream, naproxen, Gabapentin, and continue Tylenol. He will follow up in 6 weeks. A follow up on 05/20/2015 reported chief complaint of right sided headaches in occipital area and parietal area, scalp pains. Of note, there is a neurological appointment pending, ophthalmology appointment, and also scheduled to begin both physical and occupational therapy sessions on 06/14/2015. He is found with functional limitations of concentration, visual disruption, and repetitive use of the

right arm. Current medications are: Tylenol, Naprosyn, and Gabapentin. Objective findings showed the patient with extraocular motions not completely intact with a positive convergent signs of the right eye, suggestive of adecens palsy on the right; testing suggestive of vision impairment on the right, formal exam deferred to ophthalmology. The neck was with tenderness to palpation at paravertebral muscles adjacent to cervical facet joints and paraspinal musculature with tenderness of the upper trapezius musculature. There is also a positive Tinnel's of the right occipital nerve. There is no change to the treating diagnoses. The plan of care noted the patient receiving a greater occipital nerve block.

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

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

#### **Cognitive behavioral therapy 3x4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, CBT.

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

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain as well as psychiatric symptoms resulting from the work-related incident on 3/10/15. Although the injured worker is likely a candidate for psychological services, a thorough psychological evaluation has yet to be completed. A psychological evaluation is imperative not only for providing more specific diagnostic information, but in providing appropriate treatment recommendations. Without having had an evaluation completed, the request for cognitive behavioral therapy is premature. As a result, the request for CBT 3X4 is not medically necessary at this time.