MAXIMUS Federal Services

Case Number:	CM14-0154621		
Date Assigned:	10/03/2014	Date of Injury:	04/28/2010
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 38 year old employee with date of injury of 4/28/2010. Medical records indicate the patient is undergoing treatment for cerebral contusion secondary to a blow to the head; post-traumatic headaches; cognitive disorder; episodic lightheadedness/dizziness; co-morbid orthopedic conditions including cervical disopathy, annular tear of the C4-C5 disc, neuroforaminal narrowing with encroachment on the right C5 and C7, possible cervical radiculopathy involving C5 and C7; depression; anxiety; hyperacusis of the right ear and mild carpal tunnel. Subjective complaints include post-concussive syndrome to include headaches, neck pain, dizziness, anxiety and depression. Objective findings include an MRI of the cervical spine revealed an annular tear at C4-5 and a disc bulge at C5-C6. His distance and near vision is significantly reduced. An AME report dated 3/17/2014 indicates that the claimant performed extremely poor on the neuropsychological testing. The cognitive function appeared to be worse than expected based on the head injury and worse than the level of ability demonstrated in conversational ability and other unobtrusive indicators. Treatment has consisted of Celexa, Trazodone, Seroquel, Neurontin and Keppra. He has also received acupuncture. The utilization review determination was rendered on 8/26/2014 recommending non-certification of 16 Sessions of Weekly Individual Therapy and 8 Sessions of Bi-Weekly Group Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Sessions of Weekly Individual Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT)

Decision rationale: MTUS Pain guidelines and ODG refer to Cognitive Behavioral Psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT 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)". The treating physician did provide documentation to justify individual therapy at this time. However, 16 visits is in excess of the recommended 6-10 visits over 5-6 weeks (individual sessions) per ODG. As such, the request for 16 Sessions of Weekly Individual Therapy is not medically necessary at this time.

8 Sessions of Bi-Weekly Group Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT)

Decision rationale: MTUS Pain guidelines and ODG refer to Cognitive Behavioral Psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT 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)". ODG states "Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy". The treating

physician did provide documentation to justify group therapy at this time. However, 16 visits of individual therapy plus 8 visits of group therapy is in excess of the recommended 6-10 visits over 5-6 weeks per ODG. As such, the request for 8 Sessions of Bi-Weekly Group Therapy is not medically necessary at this time.

Transportation to All Medical Appointments: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee Chapter) (CMS 2009), Transportation to and from medical appointment

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has provide evidence that the patient has functional limitations restricting self-transportation. The claimant has ongoing cognitive limitations making self-transport difficult. As such, the request for Transportation to All Medical Appointments is medically necessary at this time.