

<b>Case Number:</b>	CM13-0019642		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Licensed in Psychology has a subspecialty in and is licensed to practice in California. 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 physician 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:

The claimant is a 32 year-old injured worker with a date of injury of 10/16/12. According to medical records, the claimant was injured in a motor vehicle accident while working as a police officer. A November 27, 2012 consultative report, [REDACTED] diagnosed the claimant with the following neurological issues: status post head trauma; posttraumatic head syndrome with cognitive impairment; posttraumatic headaches; posttraumatic dizziness/ataxia; and spinal sprain strain. Additionally, the claimant has been diagnosed by [REDACTED] in both initial neuropsychological evaluation dated 7/26/13 and most recent PR-2 dated 8/16/13, as having cognitive disorder NOS, in partial remission; and Major Depression, single episode. Per the report, the claimant also continues to experience symptoms of "fatigue, headaches, insomnia, significant anxiety, significant concentration and focus problems, frustration and anger, depression, social anxiety, trouble processing, photophobia, phonophobia, and sporadic dizziness".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 sessions of Neuropsychological treatment:** 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), Cognitive Behaviors Therapy (CBT).

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

**Decision rationale:** There are currently no CA MTUS guidelines or Official Disability Guidelines that specifically address "neuropsychological treatment". For the basis of this review, the ODG recommendations regarding the cognitive treatment of depression will be used. According to [REDACTED] PR-2 report dated 8/16/13, the claimant has completed 6 sessions of CBT and has demonstrated 25% progress. Based on the ODG recommendations, once an initial trial of 6 visits have been completed, additional sessions may be needed as long as there has been some objective functional improvement. The guidelines state, "...with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Based on the information on [REDACTED] report, the claimant qualifies for additional sessions; however, the request for 16 additional sessions exceeds the total number of sessions recommended by the ODG. The request for 16 sessions of Neuropsychological treatment is not medically necessary and appropriate.