

<b>Case Number:</b>	CM13-0034390		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 is a 64 year-old female who was injured on 11/27/12. She has been diagnosed with unspecified concussion; cognitive dysfunction; visual processing disorder; and cervical myofascial pain. According to the 8/26/13 sports neurology/pain management report from [REDACTED], the patient presents with neck and shoulder pain with loss of motion. Mental status showed slowed speech and mental processing, difficulty with word-finding. The plan was to increase her ability to self-manage pain. [REDACTED] recommended cognitive rehabilitation x12 sessions. On 10/4/13 UR stated that the guidelines support a trial of 4 visits, but instead of modifying the request to meet the guidelines, UR denied all 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE REHABILITATION X 12 SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS. Decision based on Non-MTUS Citation ODG COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN, PAGE PAGE 23

**Decision rationale:** According to the 8/26/13 sports neurology/pain management report from [REDACTED], the patient presents with neck and shoulder pain with loss of motion. Mental status showed slowed speech and mental processing, difficulty with word-finding. The request before me is for 12 sessions of initial cognitive therapy. MTUS guidelines recommend: "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 initial request for 12 sessions of cognitive therapy exceeds the MTUS guidelines recommended number of visits for a trial. I am not able to offer partial certification for the IMR process. The request as written for 12 sessions of cognitive therapy is not in accordance with MTUS guidelines.