

Case Number:	CM13-0039712		
Date Assigned:	12/20/2013	Date of Injury:	10/16/2012
Decision Date:	03/17/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 licensed in Psychology, 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 male (DOB 10/9/81) with a date of injury of 10/16/12. The claimant sustained injuries to his head, neck and back as the result of a motor vehicle accident while working as a police officer [REDACTED]. In his "Complex Consultation-Consultative Report" dated 11/27/12, [REDACTED] diagnosed the claimant with: (1) Status post head trauma; (2) Posttraumatic head syndrome with cognitive impairment; (3) Posttraumatic headaches; (4) Posttraumatic dizziness/ataxia; and (5) Spinal sprain strain. He has been treated with physical therapy, acupuncture, botox injections, biofeedback, and medications. In his "Initial Neuropsychological Evaluation" dated 7/26/13, [REDACTED] diagnosed the claimant with cognitive disorder, NOS, in partial remission and major depressive disorder, single episode, moderate to possibly severe. It is the claimant's cognitive status that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Neuropsychological Treatment: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Cognitive Skills Retraining.

Decision rationale: The CA MTUS does not address neuropsychological treatment therefore, the Official Disability Guideline regarding the use of cognitive skills retraining for the treatment of head injury will be used as reference for this case as it is closely related to neuropsychological treatment. Based on the review of the medical records, the claimant has completed an initial 4 sessions of neuropsychological therapy, which is not at all adequate to address the claimant's cognitive issues. Due to the nature of his injuries and current symptoms, the claimant cannot be held to the same requirements and guidelines as those set forth by the ODG for psychotherapy. With this in mind, the claimant may not be able to demonstrate "objective functional improvement" in order to substantiate the need for further services. In his 9/20/13 letter, [REDACTED] indicated that the claimant is in need of further sessions. It is noted by [REDACTED] that neuropsychological treatment is very different than cognitive behavioral psychotherapy, which is an accurate statement. Because of the nature of neuropsychological therapy and the diagnoses and symptoms it treats, the request for an additional 12 sessions is appropriate. As a result, the request for "12 additional sessions of Neuropsychological treatment" is medically necessary. It is noted that the claimant did receive an authorization for a modified 6 additional sessions of neuropsychological treatment as a result of this request.