

Case Number:	CM14-0006850		
Date Assigned:	02/07/2014	Date of Injury:	05/02/2012
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

Based on the medical records provided for this independent medical review, this patient is a 60 year and 11 month old male who reported occupational/industrial work-related injury on 5/22/2012. The injuries reportedly occurred while he was traveling for work and an airline flight stewardess dropped a computer bag on his head. The patient reports ongoing neck pain, back pain and headaches. There are current problems with speech, memory comprehension and increased depression, hopelessness, and feelings of uselessness. He is having difficulty finding and returning to work, "making sense out of things" and reports feeling grumpy and irritable, anxious and depressed. His diagnoses include post concussive syndrome, improving, secondary to work related head injury, and cognitive disorder, not otherwise specified (NOS), mild -related to concussion and secondary to head injury and pain disorder associated with both psychological factors in a general medical condition, chronic. He has also been diagnosed with an Adjustment Disorder with mixed anxiety and depressed mood. His medical diagnoses include post-concussion syndrome, closed head injury, cervical and lumbar, low back pain, right shoulder pain, and short term memory loss. A request for sixteen (16) neuropsychological counseling sessions to be held once every other week was non-certified. This independent medical review will consider a the request to overturn the non- certification of this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGICAL COUNSELING SESSIONS QTY:16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PART TWO BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY, 23

Decision rationale: A recommendation for "neuropsychological cognitive behavioral therapy at least 6-12 visits" was made for this patient and based on my careful reading of his medical chart I do agree that the patient is in need of neuropsychological counseling sessions; at this juncture they appear to be medically necessary, and appropriate. However, the issue in this case is the quantity: the request was made for 16 sessions to be held once every other week. The MTUS and Official Disability Guidelines are nonspecific with regards to neuropsychological counseling sessions, however the guidelines for general psychotherapy and cognitive behavioral therapy can be reasonably applied. In both cases, these require an additional trial of smaller number of sessions before extended treatment can be authorized. This initial trial must demonstrate objective functional improvement prior to the authorization of a full course of treatment. Given that the patient is struggling with head injury symptoms the appearance of objective functional improvements may be delayed or slowed, but are still required. The typical course is to recommend up to six sessions for this initial trial and if in fact functional and objective functional improvement are shown a full block of treatment consisting of 13 to 20 sessions can then be approved. In this case, because the request of sixteen (16) sessions is excessive and does not follow the protocol of an initial trial, the non-certification of the treatment request is upheld in the request to overturn this decision is denied.