

Case Number:	CM14-0101878		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2011
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 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:

The claimant is a 49 year-old female (DOB 2/26/55) with a date of injury of 9/9/11. The claimant sustained a head injury as the result of a pedestrian versus vehicle accident while working as a Senior Financial Analyst for [REDACTED]. In the most recent PR-2 submitted for review from [REDACTED] dated 4/22/14, the claimant is diagnosed with s/p traumatic head injury secondary to pedestrian vs. vehicle accident; post-traumatic headaches, chronic; post-traumatic dizziness/vertigo; cervical sprain, cervical disc protrusion; and post-concussion syndrome with cognitive impairment. She has been treated with medications and physical therapy through the [REDACTED]. Additionally, she has received craniosacral techniques, vestibular therapy, psychotherapy, and cognitive rehabilitation therapy through her insurance and not through workers compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Cognitive therapy: 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 Official Disability Guidelines (ODG) Head Chapter

Decision rationale: The California MTUS does not address the use of cognitive therapy for the treatment of head/brain injuries therefore; the Official Disability Guideline for the use of cognitive treatment for head injury will be used as reference for this case. Based on the review of the limited records submitted, the claimant continues to experience symptoms related to her work-related head injury and post concussive syndrome. These symptoms include headaches, dizziness, memory deficits, difficulties with organizing and multitasking, slowed processing, difficulties focusing and concentrating, etc. The request under review is for cognitive therapy sessions related to the claimant's cognitive impairments. It was reported in [REDACTED] 4/22/14 PR-2 report that the claimant had completed 4-5 cognitive rehabilitation therapy sessions at [REDACTED] and not through the workers compensation system. Unfortunately, those records were not included for review. Given that the claimant has not received cognitive therapy through the workers compensation system, the request under review is for initial sessions. However, it does not appear that the claimant has completed neither any neuropsychological testing nor a full neuropsychological evaluation through the [REDACTED] in order to gain more specific diagnostic information and receive appropriate treatment recommendations. Without a thorough evaluation, the request for 8 sessions of cognitive therapy is premature and not medically necessary.