

Case Number:	CM14-0014664		
Date Assigned:	02/28/2014	Date of Injury:	11/08/2012
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

An evaluation report dated 12/30/13 indicates diagnoses: closed head injury with mild traumatic brain injury, cervical myoligamentous sprain/strain, right shoulder internal derangement, history of partial seizures, and insomnia. There is description of neuropsychological evaluation from October 1 and October 8, 2013, as reporting symptoms of cognitive abnormality but accurate interpretation was not possible due to below-normal perceived effort. It assessed overall moderate level of disability and recommended neurological rehabilitation. On 8/5/13 a Qualified Medical Evaluator (QME) noted conditions of headaches and cognitive difficulties. It reported a neurologic examination with intact mental status, cranial nerves, motor, sensory, coordination, and gait and station. Neuropsychological report of 10/18/13 assessed that an accurate interpretation of the injured could not be made at that time as formal measures of effort/validity were lower than necessary on both days of the evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREATMENT AT A CENTERFOR NEURO SKILL 3 HRS PER DAY, 5 DAYS A WEEK FOR INITIAL 4 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) head, cognitive therapy.

Decision rationale: The medical records indicate a documented normal neurologic examination and that the neuropsychological evaluation was not interpretable and as such the medical records do not support objective cognitive abnormality that would be supported to benefit from cognitive behavioral therapy with neuroskills under ODG guidelines. In the absence of objective cognitive abnormality, this therapy is not supported. The request is not medically necessary and appropriate.