

Case Number:	CM14-0122573		
Date Assigned:	08/06/2014	Date of Injury:	05/01/2010
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Psychiatry & Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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 injured worker is a 32 year old male whose date of injury is 05/01/2010, while building a cabana he slipped on a platform and fell 20 feet down. Records reviewed include 577 pages of medical and administrative records. Dr. [REDACTED] is his primary physician, Dr. [REDACTED] is his psychiatrist. He had loss of consciousness and remembers awakening in the hospital, where he stayed for 5 days followed by rehabilitation for a month. He sustained a head injury with cognitive deficits, multiple pelvic fractures, fracture to the left radius and left mandible. His diagnosis is post-traumatic stress disorder and traumatic head injury with post concussive syndrome. He has multiple left wrist surgeries, mandibular fracture repair, and dental work. He continues to suffer from constant low back pain with radiculopathy and left leg pain and numbness, as well as neck and arm pain. He has received physical therapy, aquatic therapy, H-wave treatments, and a home exercise program. He has been receiving cognitive retraining since at least 2013. The patient had been placed on a 5150 around 10/2013 after showing a psychologist a book of his drawings, the reason for this is unclear. He referred to suicidal thoughts and thoughts of harming his family, which he referred to it as a suicide attempt, but he did not act on them as he called his father, who came to look for him. He began seeing a psychiatrist weekly; decreasing to monthly. On 05/19/14 Dr. [REDACTED] reported that the patient was no longer suicidal and that the terror was gone, but he continued to have severe cognitive deficits, anxiety, difficulty concentrating, confusion, and hopelessness. He had episodic visual and auditory hallucinations, and required assistance with medication monitoring. His self-care had improved. He continued to suffer from pain (rated 5/10) and migraines daily. Life coach request was made due to confusion, forgetfulness, memory problems, inability to do simple tasks and organize medications. On 06/16/14 Dr. [REDACTED] reported headache pain of 8/10 with

light/sound sensitivity, improvement in filling mediset and filling out forms but inability to do so independently, is able to use a calendar but with help. There were no other changes. A neuropsychological re-evaluation was performed on 07/15/14, during which psychological testing was done. At this time the patient attested to infrequent nightmares, anxiety, and improved depression due to medications but is depressed due to inability to do activities with his family. He denied suicidal ideation. The patient was irritable, easily angered, had trouble remembering things, and reported anxiety, especially at night. He gets a headache in strong light, has decreased energy and low frustration tolerance. His wife assists him with basic self-care, and he does not drive at all. He has impaired memory and loses his train of thought. Psychological testing showed a little bit of a downward trend on cognition, but on several sensitive to brain injury, he had improved. Overall he appeared to be relatively stable and at maximal medical improvement. Recommendations were 2 psychiatry visits per year once stable, and 6 routine visits per year with a psychologist, with an additional 4 for crisis intervention. On 7/15/14 an update from nurse case management services from 05/20/14-06/20/14 showed general notes of contact, travel/meeting, and coordination of care with various providers regarding pain levels, psychiatric issues authorizations, etc. Dr. [REDACTED] saw the patient on 07/24/14. He was status post left wrist surgery of 06/05/14. He was struggling with activities of daily living and increased stress due to disruption in cognitive skills training. In reviewing his progress since 04/07/14, there was a 25% improvement in bill paying/organizing/filing personal information, 20% improvement in follow through on physician orders/recommendations, and 95% proficient with independently accessing Rosetta Stone English software. Medications included Zantac, Norco, Zolof 100mg daily, Abilify 20mg per day, Lamictal 150mg per day, Seroquel 300mg at bedtime, Topamax 50mg per day, Xanax 0.25mg at bedtime, Klonopin 0.25mg twice per day, Colace, Amitriptyline 12.5mg at bedtime, and Neurontin 600mg per day. He continues to have anxiety and flashbacks, dizziness, and cognitive deficits. There is a 50% reduction in pain with the Norco. Pain is 8/10 without medications, 4/10 with them. He sleeps 7-8 hours with medications, 4-5 hours without.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Life Skills and cognitive coach per hour Qty: 10: 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, Cognitive skills retraining.

Decision rationale: The California MTUS, ACOEM, and ODG all do not reference a life skills or cognitive coach. Per ODG, cognitive skills' retraining is recommended, especially when the retraining is focused on relearning specific skills. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury. (Cifu, 2009) Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect. Rehabilitation programs emphasizing cognitive-

behavioral approaches to the retraining of planning and problem-solving skills can be effective in ameliorating identified deficits in reasoning, planning, concept formation, and mental flexibility, aspects of attention and awareness, and purposeful behavior. (McDonald, 2002) Computer-assisted cognitive retraining (CACR) can be an effective adjunct to a comprehensive program of cognitive rehabilitation. (Lynch, 2002) Cognitive and specific skills retraining needs to be guided by the patients' real daily living needs and modified to fit the unique psychological and neuropsychologicalThe patient suffers from post-traumatic stress disorder (PTSD) and traumatic head injury with post concussive syndrome. He is described as having cognitive and memory deficits but these are not well defined in the patient's progress reports from Dr. [REDACTED] (his primary physician), Dr. [REDACTED] (his psychiatrist), nursing case management services, or in his neuropsychological assessment of 07/15/14. While Dr. [REDACTED] report of 07/24/14 indicating improvement since 04/07/14 is helpful, there needs to be a more detailed description of the patient's cognitive deficits. Other issues to be addressed include the goals that cognitive coaching hopes to achieve tailored to the patient's daily needs in specific areas and the time frame therein, and the method by which this might be achieved. Until such time as this information is provided, this request is for additional life skills and cognitive coach per hour, QTY 10 is not medically necessary.