

<b>Case Number:</b>	CM14-0125259		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 08/30/13 when, while cleaning at a restaurant, a bank of overhead lockers fell, striking her on her head. She had loss of consciousness. She was brought to a Emergency Room with mental status changes. She had Glasgow Coma Scale scores of 13-14. A CT scan was normal. She was admitted through 09/02/13 with confusion and disorientation. She returned to restricted work until approximately March 2014. She was seen for a neurology evaluation. She was having right-sided head and neck pain and pain in her arms and legs rated at 8/10. Naprosyn and/or Vicodin were helping with pain but causing dizziness. She was having difficulty sleeping. Physical examination findings included normal speech with decreased memory. She had a slow and antalgic gait. She has decreased attention. The assessment references difficulty performing the evaluation possibly due to pain. She was seen on 06/12/14. She was having severe headaches with decreased left upper extremity strength and reported ongoing cognitive impairment and depression. Neuropsychological testing was performed. The determination was that she had sustained a moderate head injury. The assessment references requiring assistance for activities of daily living and having an extremely high level of pain behaviors. She had a GAF 45 which is consistent with a serious impairment in social or occupational functioning including being unable to keep a job. Diagnoses included major depression. Recommendations included additional testing, a speech / cognitive evaluation and psychotherapy and psychiatric treatments. She was seen by the requesting provider on 06/20/14. She had a headache with symptoms including nausea, vomiting, photophobia, and photophobia. She was having neck spasms and stiffness with difficulty sleeping. She had decreased standing balance. The note references being dependent on activities of daily living including dressing. Medications were naproxen and tramadol. She had stopped

taking Vicodin. She was requesting a walker after having fallen two times and was noted to use a suitcase, pushing it for stability. Physical examination findings included appearing in mild distress. The assessment references decreased memory. She had a slow and unsteady gait. Waddell signs were absent. Naprosyn was refilled and hydrocodone/acetaminophen 5/325 mg # 30 was prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain Psych x 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Cognitive Behavioral T.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Cognitive therapy

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for the residual effects of a moderate traumatic brain injury. In terms of psychotherapy treatments for cognitive deficits, guidelines recommend an initial trial of 6 visits over 6 weeks with a total of up to 13-20 visits over 13-20 weeks if there is evidence of functional improvement. In this case, the number of visits requested was in excess of that recommended and therefore not medically necessary.

**Speech Therapy x 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;Criteria for Speech Ther.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Speech therapy (ST)

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for the residual effects of a moderate traumatic brain injury. When seen for a neurology evaluation, she had normal speech and language function. Criteria for speech therapy include a diagnosis of a speech, hearing, or language disorder, which is not documented in this case. Therefore, the requested Speech Therapy is not medically necessary.