

Case Number:	CM14-0130526		
Date Assigned:	08/20/2014	Date of Injury:	02/26/2013
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 02/26/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post right shoulder surgery, reactive depression, history of seizure, and cognitive changes of uncertain etiology. Past medical treatment consists of physical therapy, the use of a TENS unit, pain management consultation, psychiatric consultation medication therapy. Medications include Hydrocodone, Tramadol, and Ambien. The injured worker denied any side effects. The injured worker underwent right shoulder surgery in 10/2013. On 07/28/2014, the injured worker complained of cognitive changes and pain to the right shoulder. Physical findings revealed the right shoulder range of motion had improved. Physical exam also revealed that there was conditioning improved to the right deltoid musculature. The progress report lacked any indication of range of motion, muscle strength, or sensory deficits the injured worker might have had on the right shoulder. The treatment plan is for the injured worker to undergo an MRI of the brain without contrast and had 12 sessions of outpatient cognitive therapy. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Brain without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work

Loss Data Institute 12th Edition, 2014, Head Chapter (8/6/14) Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI (magnetic resonance imaging).

Decision rationale: The request for MRI of the brain without contrast is not medically necessary. According to Official Disability Guidelines (ODG), MRIs are a well-established brain imaging study in which the individual is positioned in the magnetic field and a radiofrequency pulse is applied. Due to high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. Specific MRI sequences and techniques are very sensitive for detecting traumatic cerebral injury; they may include, but are not limited to, diffusion tensor, gradient echo, and fluid attenuated inversion recovery (FLAIR). Some of these techniques are not available on the emergency basis. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting traumatic cerebral injury. Neural imaging is not recommended in patients who sustain a concussion/mild TBI beyond the emergency phase of 72 hours post injury, except if the condition deteriorates or red flags are noted. It was noted in the submitted documentation that the injured worker underwent an MRI of the brain on 05/07/2014. There was no indication in the submitted report acknowledging that the injured worker had a deteriorating condition or any red flags. Furthermore, it was noted that the injured worker had a concussion/TBI in 02/2013. As per guidelines, MRIs are not recommended for injured workers who have sustained such injuries. Additionally, the provider did not submit a rationale as to why an MRI of the brain without contrast was warranted. Given the above, the injured worker is not within the Official Disability Guidelines criteria. As such, the request is not medically necessary.

Outpatient Cognitive Therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute Head Chapter (6/7/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PsychotherapyODG Cognitive Behavior Therapy guidelines for chronic pain, Page(s): 23..

Decision rationale: The request for outpatient cognitive therapy 12 sessions is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The provider did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The submitted documentations did not provide progress

notes from approved sessions of cognitive therapy. According to the guidelines above, evidence of objective functional improvements are needed in order to continue with additional sessions of cognitive therapy. The request as submitted is for 12 sessions exceeding the recommended guidelines. As such, the request for outpatient cognitive therapy is not medically necessary.