

Case Number:	CM14-0155535		
Date Assigned:	10/28/2014	Date of Injury:	06/20/2007
Decision Date:	12/04/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/23/2014

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 60 year-old female [REDACTED] with a date of injury of 6/20/07. The claimant sustained injury to her head, left wrist, and right big toe when she stepped out of her car and apparently fell. She awoke to find herself face down on the ground with a black eye. The claimant sustained this injury while working as a Community Health Nurse for [REDACTED]. In his "Agreed Follow-Up Medical-Legal Evaluation in Psychiatry" dated 9/15/14, [REDACTED], diagnosed the claimant with: (1) Cognitive disorder, NOS, with diminished short term memory, attention, concentration, and some higher level executive functioning secondary to traumatic brain injury; (2) Major depression, recurrent, in full remission with medication; and (3) Adjustment disorder with mixed anxiety and depressed mood, chronic. The claimant has been receiving psychotropic medications from her primary care physician and has been participating in psychotherapy with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 4 visits: 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 CA MTUS does not address treatment for cognitive disorders therefore; the Official Disability Guideline regarding the use of cognitive therapy in the treatment of cognitive disorders/head trauma will be used as reference for this case. Based on the review of the minimal medical records, the claimant has been participating in individual psychotherapy with Psychologist, [REDACTED]. Unfortunately, there were no records from [REDACTED] included for review. As a result, it is unclear as to how many sessions have been completed nor the progress that has been made as a result of those sessions. In his "Agreed Follow-Up Medical-Legal Evaluation in Psychiatry" dated 9/15/14, [REDACTED] recommended an additional "4-6 more visits with [REDACTED] for purposes of termination and consolidation of gains." Despite this recommendation, without any information about prior services, the need for additional sessions cannot be fully determined. As a result, the request for "Cognitive Behavioral Therapy x 4 visits" is not medically necessary.