

<b>Case Number:</b>	CM14-0173502		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 & Rehabilitation 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 47-year-old female who reported an injury on 06/02/2010. The mechanism of injury was due to hitting the right part of her head against a pallet. The injured worker had diagnoses of headache, cervicgia, and visual disturbance unspecified. Past medical treatment consisted of seeing a Strabismologist, CBT, and medication therapy. Medications consisted of Topamax, Naprosyn, Zanaflex, and Tigan. An MRI of the brain was obtained on 12/01/2010 which revealed left maxillary sinusitis, polyp, and bilateral nasal sinusitis with thickening of the mucosa with a normal evaluation of the intracranial contents. On 08/15/2014, the injured worker complained of dizziness, confusion, and headaches. The physical examination revealed that the injured worker was alert and conversant with no negative effect of medications. There were no major changes noted in posture or ambulation. The medical treatment plan was for the injured worker to continue with medication therapy and undergo cognitive rehabilitation 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:

**24 Cognitive Rehabilitation Therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head; Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Guidelines for Chronic Pain Page(s): 23.

**Decision rationale:** The request for 24 cognitive rehabilitation therapy visits 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 requesting 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 request as submitted is for 24 cognitive therapy visits, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommend guideline criteria. As such, the request is not medically necessary.