

<b>Case Number:</b>	CM14-0177778		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 a licensed Doctor of 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:

According to the records provided for this IMR, this patient is a 57-year-old male who reported an industrial injury that occurred on March 24, 2009 during his employment as a deputy sheriff at [REDACTED]. There are several prior work-related injury cases for this patient that are detailed in the provided records. This IMR will be concerned with his psychological and neuropsychological symptoms as they relate to the requested treatment modalities, his medical injuries are well documented in the records provided. The injury is described as a blow to the back of the head causing syncope and a possible subdural hematoma; there was a possible loss of consciousness for 30 minutes or longer. The patient does not remember the details of the injury, he has been diagnosed with moderate traumatic brain injury. He initially had difficulty remembering to do simple tasks like writing a report and having to relearn many routine behaviors. He has been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Major Depressive Episode, Severe; Cognitive Disorder Not Otherwise Specified/Post Concussional Disorder. Anger episodes have been addressed that may be "attributable to the head injury or symptoms of atypical PTSD", appear to have been addressed in prior psychiatric therapy. The patient complains of low back pain radiating bilaterally down his lower extremities and bilateral knee pain. Three separate treatment requests were made, and each was non-certified; this IMR will address a request to overturn those decisions. A letter of appeal written October 24, 2014 with regards to the 3 denied treatments stated that the patient "has never undergone these treatments in the past and it is reasonable to expect that he will realize a positive improvement in processing skills in response to treatment now. The cognitive skills training program will be targeting deficits noted in the evaluation specifically nonverbal reasoning and visual processing. The request for neuropsychological testing is being made because the patient is complaining of concentration

problems which the requesting physician seeks to confirm that concentration problems exist and to allow for a medication challenge testing in order to objectively adjust the medication to the proper dosage rather than relying on his subjective experience. The request for psychotherapy visits is not for literal psychotherapy, it is to allow the requesting physician to meet with him and monitor his home program of cognitive skills training. While he will be able to do the training independently it requires some oversight and periodic modification of his treatment plan. The sessions are to allow him to meet with the treating provider for coordination."

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

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

**Neuropsychological testing four 1 hour 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), Head Chapter

**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, Neuropsychological Testing, November 2014 Update

**Decision rationale:** The ODG Head chapter states that Neuropsychological Testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual, but should not be the sole basis of management decisions. With regards to the requested treatment modality for neuropsychological testing, the MTUS guidelines do not address the requested procedure but the official disability guidelines do recommend it. However, for this patient his injury occurred over 5 years ago and there was no discussion with regards to the patient's history of prior neuropsychological examinations. It is unclear if he has had prior neuropsychological evaluations or not. Although the requesting provider specifies that this requested testing is unique as a way to challenge his concentration skills and determine how his concentration responds to medication, and this will provide better objective documentation than the patient's subjective impressions, the requested treatment modality does not appear to be medically necessary over and above what can be achieved with standard medication trials and subjective reports of improvement/side effects. Given that his prior history of psychological and neuropsychological evaluations were not provided, and that the goals of the test can also be accomplished with standing medication trials, the medical necessity of this request is not established and the utilization review determination for non-certification is upheld. The request is not medically necessary.

**Cognitive skills training for 3-6 months of training at home:** 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), Head Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Head, Topic Cognitive Skills Training, November 2014 Update.

**Decision rationale:** According to the official disability guidelines, cognitive skills retraining are 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. 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, mental flexibility, aspects of attention and awareness, and purposeful behavior. Computer-assisted cognitive retraining (CACR) can be an effective adjunct to a comprehensive program of cognitive rehabilitation. Cognitive and specific skills retraining needs to be guided by the patients' real daily living needs and modified to fit the unique psychological and neuropsychological strengths and weaknesses of the patient. The MTUS guidelines do not address the requested procedure however it is addressed in the official disability guidelines head chapter is a recommended procedure. Treatment guidelines do not specify how long a standard course of this treatment should be, but because this request is for the equivalent of 6 months of treatment without ongoing assessment for progress, resultant measureable changes in functionality, and continued medical necessity, the requested treatment is not medically necessary. A range of treatment was requested 3-6 months; this translates to a request for 6 months of therapy assumed. Six months of treatment is too lengthy to be authorized as in general. Most treatment recommendations require an initial very brief treatment trial. Both the MTUS and the ODG guidelines for psychotherapy specifically state that a brief course of treatment should be given usually consisting of 3 to 4 sessions (or up to 6 sessions in a 5-6 week period per ODG) in order to determine patient's responsiveness. While a brief trial of this intervention may be appropriate, 6 months of treatment is not medically necessary and is excessive. In addition, there is no discussion about how much psychological and neuropsychological treatment the patient has already received for this injury. Without knowing the total quantity/duration of prior sessions that the patient is already received in various treatments that he has participated in (if any - as none were discussed), additional treatment is not substantiated as medically necessary based on the provided documentation. Equally important is knowing whether or not prior treatments, if any were provided, have resulted in objective functional improvements for the patient and likewise as stated above there was no documentation regarding this. Therefore the utilization review determination is upheld. The request is not medically necessary.

**Psychotherapy (tx management) 6 sessions to meet with PT monthly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment Page(s): 101-102.

**Decision rationale:** In a memo discussing the requested treatment it was specified that this is not a request for psychological treatment per se but to be used as a way to monitor and adjust the patient's response to the requested treatment of cognitive skills training. Because the requested treatment cognitive skills training was not approved, this request would also not be needed, therefore the UR determination is upheld. The request is not medically necessary.