

<b>Case Number:</b>	CM14-0037969		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Psychiatry 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 patient is a 25-year-old male who has submitted a claim for mild neurocognitive disorder due to TBI; somatic symptom disorder; adjustment disorder with mixed anxiety and depressed mood associated with an industrial injury date of March 27, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of problems with attention/concentration, cognitive fatigue, difficulty with memory and slowed thinking. TOMM testing revealed valid results. WAIS-IV Block Design score fell in the low average range. BAI is 16 and BDI is 23. MMPI-2 test could not be completed and was therefore not scored. Treatment to date has included 8 sessions of physical therapy and medications. Utilization review from March 24, 2014 modified the request for Neuropsychology Treatment and Counseling 8 Sessions to only 4 sessions because the guidelines support an initial trial of 3-4 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychology Treatment and Counseling 8 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), Cognitive Behavioral Therapy (CBT) guidelines for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 19-23. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004),  
Independent Medical Examinations and Consultations, pages 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient complained of problems with attention/concentration, cognitive fatigue, difficulty with memory and slowed thinking; hence, neuropsychology consult was requested. However, the requested number of visits is 8, which exceeds the guideline recommendation of 3-4 initial visits followed by 6-10 visits if with functional improvement. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Neuropsychology Treatment and Counseling 8 Sessions is not medically necessary.