

Case Number:	CM14-0050029		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2013
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 made available for review, this is a 63-year-old female with a 1/31/13 date of injury. At the time (3/18/14) of request for authorization for cognitive therapy, 24 visits, 3 times weekly for 8 weeks, there is documentation of subjective (anxiety, attention and concentration deficits, memory problems, and fatigue) and objective (memory deficits and tinnitus) findings, current diagnoses (diffuse brain deterioration of an unspecified nature primarily affecting memory; anxiety, and history of cerebral concussion with loss of consciousness), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy, 24 visits, 3 times weekly for 8 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. The MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional

improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of diffuse brain deterioration of an unspecified nature primarily affecting memory; anxiety, and history of cerebral concussion with loss of consciousness. However, the proposed number of sessions exceeds guidelines (for an initial trial of 4 visits). Therefore, based on guidelines and a review of the evidence, the request for Cognitive Therapy, 24 visits, 3 times weekly for 8 weeks is not medically necessary.