

Case Number:	CM14-0080161		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2011
Decision Date:	09/24/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

Injured worker is a 59 year old female with date of injury 10/5/2011. Date of the UR decision was 5/24/2014. The mechanism of injury was a fall in which she struck her head on the floor. It was suggested that she has suffered with persistent headaches, concentration difficulty and fatigue since the trauma. She was diagnosed with Cognitive disorder NOS and Dysthymic disorder per report dated 5/12/2014. Per Neuropsychological re-evaluation dated 03/28/14, she reported experiencing poor attention and concentration and had symptoms of anxiety, irritability, forgetfulness, vertigo, and headaches, however, these symptoms diminished in frequency and were now not as disabling. It was noted that depression had resolved. Her results indicated a range of cognitive functioning from severely impaired to high average. Impairment was found in visual sustained attention, processing speed, design construction, bilateral motor dexterity, auditory immediate and delayed memory, auditory/verbal learning, visual learning, and deductive reasoning. It was stated that the patient's emotional functioning had improved since 2012, based upon the BH1-2. There was less anxiety, pain, and somatic symptoms. However, endorsement of depression symptoms had not changed in the past two years, and continued to suggest a mild clinical depression. She denied sadness, dissatisfaction, or emotional distress typical of depression; however, she endorsed symptoms related to cognitive dysfunction, fatigue, and irritability that are typical in depression. Brief individual psychotherapy for 4 to 8 sessions was recommended focusing on reducing fatigue and improving vitality. motor dexterity, auditory immediate and delayed memory, auditory/verbal learning, visual learning, and deductive reasoning. It was stated that the patient's emotional functioning had improved since 2012, based upon the BH1-2. There was less anxiety, pain, and somatic symptoms. However, endorsement of depression symptoms had not changed in the past two years, and continued to suggest a mild clinical depression. She denied sadness, dissatisfaction, or emotional distress typical of

depression; however, she endorsed symptoms related to cognitive dysfunction, fatigue, and irritability that are typical in depression. Brief individual psychotherapy for 4 to 8 sessions was recommended focusing on reducing fatigue and improving vitality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy PT & Family 60 Minutes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Stress and Mental illness chapter, Cognitive therapy for depression.

Decision rationale: The report suggests that she has had improvement in the affective symptoms and has cognitive impairment. The request for Psychotherapy PT & Family 60 Minutes is excessive and not medically necessary. Psychotherapy does not have much benefit in patients with marked cognitive impairment because of inability to retain the information. Also, the affective symptoms have been noted to have improved. Thus the request is not medically indicated at this time.