

<b>Case Number:</b>	CM14-0193308		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Psychologist (PHD, PSYD 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 58 year-old male (██████████) with a date of injury of 3/24/09. The injured worker sustained a traumatic closed head/brain injury with loss of consciousness when he slipped on ice while working for ██████████. The records indicate that the injured worker has been diagnosed with Major Depressive Disorder, Cognitive Disorder NOS, and Pain Disorder and has been participating in psychotherapy with Dr. ██████████. Despite his participation in psychotherapy, the injured worker continued to exhibit cognitive deficits as well as mood/anger fluctuations. He completed a neuropsychological diagnostic interview with Dr. ██████████ on 8/19/14. In that interview, Dr. ██████████ noted complaints of "persistent cognitive problems and personality changes involving difficulty with anger management." Dr. ██████████ diagnosed the injured worker with: (1) Late effect of intracranial injury; (2) Concussion with moderate loss of consciousness; and (3) Cognitive Disorder, NOS. Recommendations included additional neuropsychological testing to establish baseline functioning and to assist in medication management and cognitive skills training. The requests under review are specific to Dr. ██████████ neuropsychological treatment recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological testing, quantity 1:** Overturned

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

**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.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience cognitive deficits and difficulties as well as personality issues concerning mood as a result of the closed-head, traumatic brain injury sustained in March 2009. Although the injury occurred almost 6 years ago, the effects of a TBI can be long lasting and/or exhibit later onsets as suggested by Dr. [REDACTED]. In his appeal letter dated 10/24/2014, treating Neuropsychologist, Dr. [REDACTED], presents relevant information and an appropriate argument for the requested services. As a result, the request for additional, baseline "Neuropsychological testing, quantity 1" is appropriate and medically necessary.

**Cognitive skill training 3-6 months for training at home:** Overturned

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

**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.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience cognitive deficits and difficulties as well as personality issues concerning mood as a result of the closed-head, traumatic brain injury sustained in March 2009. Although the injury occurred almost 6 years ago, the effects of a TBI can be long lasting and/or exhibit later onsets as suggested by Dr. [REDACTED]. In his appeal letter dated 10/24/2014, treating Neuropsychologist, Dr. [REDACTED], presents relevant information and an appropriate argument for the requested services. As a result, the request for "Cognitive skill training 3-6 months for training at home" is appropriate and medically necessary.

**Psychotherapy TX management, quantity 6:** Overturned

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

**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.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience cognitive deficits and difficulties as well as personality issues concerning mood as a result of the closed-head, traumatic brain injury sustained in March 2009. Although the injury occurred almost 6 years ago, the effects of a TBI can be long lasting and/or exhibit later onsets as suggested by Dr. [REDACTED]. In his appeal letter dated 10/24/2014, treating Neuropsychologist, Dr. [REDACTED] presents relevant information and an appropriate argument for the requested services. As a result, the request for "Psychotherapy TX management, quantity 6" is appropriate and medically necessary.

