

<b>Case Number:</b>	CM15-0001432		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Psychologist

### 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 (IW) is a 38 year-old female (██████████) with a date of injury of 4/19/2013. The IW sustained injury to her head when she was hit in the head by a large rock thrown by a student. The IW sustained this injury while working for the ██████████. She has been diagnosed with the following: Concussion without coma; headache; knee contusion; vertigo; sensory problems with limbs; contusion of unspecified part upper limb; insomnia due to medical condition (from TBI or sleep apnea; Post-concussive syndrome; retrograde amnesia; Wernike's aphasia; and left leg spasticity versus contractures. She has been treated with medications, physical therapy, and speech therapy. Occupation therapy was also recommended. According to the RFA dated 12/18/14, cognitive remediation therapy was "recommended by neuropsychologist." The request for an unknown amount of cognitive remediation therapy was denied by UR on 1/2/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive remediation therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Head Cognitive therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Head Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience symptoms associated with a head injury such as headaches, vertigo, memory issues, concentration difficulties, etc. It is noted on the RFA dated 12/18/2014 that cognitive remediation therapy was "recommended by neuropsychologist" however, there are no neuropsychological reports or notes included for review. Without the neuropsychological report, the recommendation for cognitive therapy cannot be confirmed. Additionally, the request for an unknown amount of cognitive remediation therapy remains too vague. The ODG recommends an "initial trial of 6 visits over 6 weeks." As a result of insufficient information and the vagueness of the request, the request is not medically necessary.