

Case Number:	CM15-0007232		
Date Assigned:	01/26/2015	Date of Injury:	09/23/2013
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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 is a 56 year old female, who sustained an industrial injury on 09/23/2013. The treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with posttraumatic stress disorder; recurrent, moderate major depression; generalized anxiety disorder; and cognitive disorder associated with traumatic brain injury. Treatment to date has included Botox injections, oral medication regimen, laboratory studies, and psychological therapy. Currently, the injured worker complains of difficulty with the traumatic experience that occurred at work along with the return of headaches, neck and right shoulder pain, and difficulty with working memory. The treating physician requested cognitive rehabilitation and noted that the injured worker would benefit from this treatment. On 12/09/2014 Utilization Review non-certified the request for cognitive rehabilitation visits with a quantity of six, noting the California Medical Treatment Utilization Schedule, 2009, ACOEM, pages 105 to 127 and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Rehabilitation Visits QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, head Chapter (trauma, headaches, etc. not including stress and mental disorders), topic:Cognitive skills retraining. See also cognitive therapy.

Decision rationale: ODG Guidelines, Head Chapter, Topic Cognitive Skills

Retraining:Recommended, especially when the retraining is focused on relearning specific skills.

For concussion/mild brain injury comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury. Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect. Rehabilitation programs emphasizing cognitive behavioral approaches to the retraining of planning and problem-solving skills can be effective in ameliorating identified deficits in reasoning, planning, concept formation, mental flexibility, aspects of attention and awareness, and purposeful behavior.

Cognitive and specific skills retraining needs to be guided by the patient's daily living needs and modified to fit the unique psychological and neuropsychological strengths and weaknesses of the patient. Decision: With regards to the requested treatment, according to the provided records, a request was made for a cognitive rehabilitation consultation (one session) and a cognitive rehabilitation follow-up (6 sessions). Utilization review, on December 9, 2014, authorized the cognitive rehabilitation consultation and noncertified the follow-up sessions pending the outcome from the consultation report which should dictate the treatment details. This IMR is a request to overturn the non-certification of the cognitive rehabilitation visits (quantity 6 sessions). According to an agreed medical evaluation in neurology from May 12, 2014 the patient, who works at a state hospital as a clinical social worker, was punched in the face with a closed fist by a state hospital patient and denies loss of consciousness but was severely dazed and bleeding from the nose. The utilization review determination was correct in its decision to allow for a cognitive rehabilitation consultation but noncertified the follow-up sessions pending the outcome of the consultation report. All of the medical records that were provided for this IMR were carefully reviewed and the cognitive rehabilitation consultation was not included in the documents provided. It will be important to have the recommendations and analysis of this report in order to determine the medical necessity of the requested treatment. In the absence of the consultation report the medical necessity of the request is not established. This is not to say the treatment is, or is not necessary, only that it requires for the substantiation as determined by the utilization review. Because the medical necessity the request was not established, the utilization review determination is upheld.