MAXIMUS Federal Services

Case Number:	CM15-0101513		
Date Assigned:	06/04/2015	Date of Injury:	08/21/2013
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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 55-year-old male, who sustained an industrial injury on 08/21/2013. He reported involvement in a motor vehicle accident while driving a company truck where he sustained loss of consciousness form the impact along with injuries to the left knee, left leg, right heel, low back, neck stiffness, and headache. The injured worker was diagnosed as having concussion, persistent post-concussive syndrome secondary to concussion/closed head injury, cognitive disorder not otherwise specified with mild cognitive residuals secondary to concussion /closed head injury, and adjustment disorder with mixed anxiety and depressed mood. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, magnetic resonance imaging of the lumbosacral spine, x-rays of the back, medication regimen, neurology evaluation and treatment, chiropractic therapy, ear/nose/throat specialist evaluation and treatment, acupuncture, physical therapy, and magnetic resonance imaging of the brain. In a progress note dated 02/232015 to 04/28/2015 the treating physician reports complaints of headache pain with light and noise sensitivity, dizziness, knee pain, issues with balance and coordination, difficulty with memory, longer to process information and to plan, difficulty with word finding with speaking, difficulty with handwriting, decrease in reading comprehension, difficulty with driving a bigger truck, and difficulty leading a work crew that has led to mild depression secondary to these limitations. The treating physician requested eight sessions of individual psychotherapy to be used at two sessions per month to address his post-concussion recovery and cognitive changes secondary to his mild traumatic brain injury that he sustained at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 8 sessions to be used 2 sessions per month: Overturned

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

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, Cognitive therapy.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as some cognitive deficits stemming from his work-related injuries in August and October 2013. He completed a neuropsychological evaluation between February 2015-April 2015 with [redacted], under the supervision of [redacted]. In the report dated 4/28/15, it was recommended that the injured worker receive 8 follow-up psychotherapy sessions, for which the request under review is based. Given the fact that the injured worker continues to be symptomatic and he has yet to complete any psychological treatment, the request for an initial 8 sessions appears reasonable and medically necessary.