

Case Number:	CM15-0205762		
Date Assigned:	10/22/2015	Date of Injury:	04/24/2014
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 47 year old female with a date of injury of April 24, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder single episode moderate, pain disorder associated with both psychological factors and a general medical condition, and post-concussion syndrome. Medical records dated September 24, 2015 indicate that the injured worker complained of difficulty with concentration, headaches, neck pain, cognitive problems, occasional dizziness, and feeling "sad" with worry about the future and depression due to chronic pain. Records also indicate that the injured worker reported "A questionable history of posttraumatic epilepsy". The exam revealed that the injured worker was cooperative, had a blunted affect, and was observed to be wringing her hands a few times. The injured worker was noted to require "More repetition of instruction compared to the average client". Neuropsychological testing revealed a score of 21 on the Mini Mental State Exam (suggesting the presence of mild cognitive impairment), a score of 32 on the Beck Anxiety Inventory (moderate range), and a score of 36 on the Beck Depression Inventory (severe range). Per the treating physician (September 24, 2015), the employee has not returned to work. Treatment has included medications and psychological evaluation, as well as treatment for the injured worker's physical complaints. The utilization review (October 7, 2015) non-certified a request for twelve sessions of individual neuropsychological counseling with an interpreter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual neuropsychological counseling session with an interpreter times 12 sessions:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial neuropsychological evaluation with [REDACTED], under the supervision of [REDACTED], on 9/24/15. In the comprehensive evaluation report, [REDACTED] and [REDACTED] noted symptoms of depression as well as pain and cognitive deficits. They recommended follow-up psychotherapy sessions as a result of "chronic pain, emotional distress, and reduced cognitive abilities." In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being noted." Utilizing this guideline as well as noting that the injured worker has not received any prior psychological treatment for any of the above mentioned symptoms, the request for an initial 12 neuropsychological sessions appears reasonable and medically necessary.