

<b>Case Number:</b>	CM15-0211773		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: Psychiatry

### 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 52 year old male who sustained an industrial injury on March 25, 2015. The worker is being treated for: mechanical fall resulting with traumatic brain injury, dizziness, impaired cognitive function, left sided weakness, impaired gait and balance, urinary incontinence, neurogenic bowel and bladder, left shoulder derangement. Subjective: June 09, sharp painful urinating. September 16, 2015 he complained of headache. Objective: April 10, 2015 noted his static and dynamic balances are "good". Medication: June 09, 2015: Myrbetriq, Tylenol. August 14, 2015: Tylenol and Tramadol. Diagnostic: CT scan of head, MRI left shoulder September 2015, multiple urinalysis, and cystoscopies. Treatment: neuropsychological evaluation, craniotomy with evacuation of hematoma, inpatient rehabilitation, outpatient urological treatment, physical and speech therapy discontinued July 2015 vestibular program, driving program, modified work duty, caudal therapy. On September 29, 2015 a request was made for 8 sessions of psychotherapy that was modified by Utilization Review on October 06, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1-2 X week X 4-6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/ Concussion/ mild traumatic brain injury; Cognitive therapy.

**Decision rationale:** ODG states that Cognitive therapy for Concussion/ mild traumatic brain injury is recommended with restrictions below. For concussion/ mild traumatic brain injury, neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/TBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. The injured worker suffered a mechanical fall resulting in traumatic brain injury, dizziness, impaired cognitive function, left sided weakness, impaired gait and balance, urinary incontinence, neurogenic bowel and bladder. The request for Psychotherapy 1-2 X week X 4-6 weeks i.e. 4-12 sessions is excessive and not medically necessary. However, it is to be noted that the UR physician authorized 4 psychotherapy sessions for the purpose of an initial trial. Therefore this request is not medically necessary.