

<b>Case Number:</b>	CM15-0224823		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	02/27/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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 51 year old man sustained an industrial injury on 2-27-2015. Diagnoses include late effect of intracranial injury without mention of skull fracture. Treatment has included oral medications. Physician notes dated 10-12-2015 show complaints of slowed processing, attentional-executive impairment cannot stay on tasks, get things done, or multi-task as he could pre-injury. Objective assessment shows a possible left temporal functioning involvement and difficulty with executive functioning skills. Recommendations include more comprehensive testing, cognitive rehabilitation, insight into deficits, and subscription to home access for Neuropsychonline for three months. Utilization Review denied a request for home subscription of Neuropsychonline for three months on 10-19-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Subscription -Neuropsychonline for Initial Three Months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (Trauma, headaches, etc., not including stress and mental disorders), Topic Cognitive Therapy. December 5 2015 update.

**Decision rationale:** Citation: the MTUS guidelines do not specifically address this request however; the ODG does address the use of cognitive therapy for head injury. (Brief edited summary) Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., treating patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including the use of assistive technology or memory aids. Cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychological distress and improve cognitive functioning among persons with traumatic brain injury. For mild TBI, a referral for psychological services should be strongly considered 3 or 4 months post injury if the individual is having difficulty coping with symptoms or stressors or when secondary psychological symptoms such as intolerance to certain types of environmental stimuli for reactive depression or severe. Treatment may include individual psychotherapy, marital therapy, group therapy, instruction relaxation and related techniques, cognitive behavioral therapy, social skills training and interventions/consultation the community. Psychological support services can help alleviate the distress that patients experience after traumatic brain injury and should be offered not only on a short-term basis, but up to 2 years, according to the McGill Interdisciplinary Prospective Study. ODG psychotherapy guidelines are also mentioned up to 13 to 20 visits over 7 to 20 weeks (individual sessions if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe major depression or PTSD up to 50 sessions if progress is being made. A request was made for: "home subscription of Neuropsychonline for initial three months" the request was non-certified by UR which provided the following rationale for its decision: "The records indicate that neuropsychological testing x12 requested by [REDACTED] was recently authorized on October 16, 2015. It would be reasonable to await the results of the authorized neuropsychological testing x 12 with [REDACTED] prior to consideration of any additional treatment modalities." This IMR will address a request to overturn the utilization review decision. Review of records: The provided medical records were carefully considered and consisted of approximately 83 pages. Mechanism of injury was reported to be a approximately 9 foot fall from his flatbed truck resulting in traumatic brain injury and resulting subdural right hematoma and seizure. According to a neuropsychological treatment progress note from November 30, 2015 listed as "final session and summary" also indicated to be currently authorized treatment session number 7 of 8, the use of the web-based computerized cognitive rehabilitation practice program Neuropsychonline is discussed in this note. It was stated that response speed is good, but consistency is an index of timing of brain processing, which is necessary for good integrative thinking. Consistent with the side impact with his TBI, auditory processing poorer then visual and left hemisphere appears poorer then the right. As attentional demands get more complex, he makes more errors and consistency is poorer. Additional results in multiple areas of cognitive functioning were also described and assessed in detail. It was finally noted under treatment summary that "he appears to have sufficient cognitive capability for driving skills, but it is unclear what the DMV safety office might require. Although he can benefit from greater home practice to sharpen areas of relative cognitive weakness, he

does not appear interested at this point." However, it is noted on October 23, 2015 that the subscription being requested for Home Access to professional cognitive rehab program is "for initially three months and \$25 per month. This is a professional web browser-based cognitive rehabilitation program." Decision: The medical necessity the request for homes description for an initial three months is not supported by the provided documentation. Medical records are unclear with regards to how much of this treatment has been provided but it is clear that some has been in an office based setting. It appears that probably seven sessions have been provided to the patient and the physician reports improvement based on the sessions. The physician also specifically wrote that "although he could benefit from greater home practice to sharpen areas of relative cognitive weakness he does not appear interested at this point." This comment makes it unclear whether or not the patient is willing to even participate in this treatment modality. In addition it is not clear why three months would be required typically if this is in fact initial trial, which does not appear to be completely accurate, a preferred time. Would be most likely to be consistent with industrial guidelines although this topic is not specifically addressed in them. For these reasons, medical necessity was not established to the extent where the utilization review decision to be overturned and therefore it is upheld.