

Case Number:	CM15-0034990		
Date Assigned:	03/03/2015	Date of Injury:	10/11/2011
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 47-year-old male, who sustained an industrial injury on October 11, 2011. He has reported a closed head injury with traumatic optic neuropathy of the left eye with a visual acuity of no light perception. The diagnoses have included cognitive disorder due to head injury, anxiety and depression. Treatment to date has included diagnostic studies and medication. On February 19, 2015, the injured worker complained of three episodes of blackouts. He reported that he appears to have sudden loss of consciousness that lasts approximately 20-25 seconds and then he wakes up and feels like there is a bubble of air around him. He was currently waiting to have his glasses replaced. His vision appeared to be intermittently impaired. Physical examination revealed continued blindness in the left eye. He used a cane for ambulation. He was currently awaiting a sleep-deprived electroencephalogram to provide a better understanding of his syncopal spells. On January 27, 2015, Utilization Review non-certified individual and family therapy 2x a month for 4 months and neuropsychological evaluation, noting the ACOEM and Official Disability Guidelines. On February 24, 2015, the injured worker submitted an application for Independent Medical Review for review of individual and family therapy 2x a month for 4 months and neuropsychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual and family therapy 2 times month for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-402. Decision based on Non-MTUS Citation Official Disability Guidelines: Head: Psychotherapy.

Decision rationale: The request is considered not medically necessary. The patient has had therapy for at least a year without objective improvement in symptoms, functional capacity, and increase in GAF scores. The patient was not documented to be transitioned to home-based techniques such as relaxation techniques, independent stress techniques, and the use of community resources after several therapy sessions. If there is no objective improvement, then continued therapy is not warranted at this time. Therefore the request is considered not medically necessary.

Neuropsychological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head, neuropsychological testing.

Decision rationale: The request is considered medically necessary. MTUS guidelines did not address this so ODG guidelines were used. Neuropsychological testing was recommended for TBI patients with persistent symptoms. The patient continues with cognitive disorder, anxiety, depression, along with episodes of syncope. Although a neurological evaluation was documented to be normal in the chart, the patient continues with both neurological and psychological symptoms and would benefit from evaluation.