

<b>Case Number:</b>	CM15-0048775		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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:

The injured worker (IW) is a 32 year old female who sustained an industrial injury on 09/30/2014. She reported physical, cognitive, and psychological symptoms after the injury. The injured worker was diagnosed with closed head injury; cervicogenic headache; cervical strain and sprain; and myofascial pain. Treatment to date has included medications, 8 sessions of physical therapy (which were somewhat helpful), 6 visits with a chiropractor (which were also somewhat helpful but the relief was short-lived), and 3 visits of acupuncture (which the worker felt were painful and not helpful). Currently, the injured worker complains of headaches that manifest as throbbing pain with movement, dizziness, sensitivity to sound, confusion, a feeling of being lost, cognitive problems, and mood changes including anger, which are new to her. Her pain is described as dull, sharp, throbbing, burning, pins-and needles, tingling, numbness and tightness in the interscapular muscles. The worker also complains of confusion and problems keeping track of things. She also verbalizes feelings of anxiety, depression, irritability and anger. Her medications include Gabapentin, Topamax, and Indocin. It is unclear whether the confusion is from medications or injury. The plan of care is to discontinue Topamax to see if this resolves her confusion, and to have her receive a comprehensive neuropsychological evaluation to determine the nature and extent of the cognitive deficits. A request for authorization is placed for Neuropsychological counseling, 2 sessions, per month, per 3/2/15 order Qty 12.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological counseling, 2 sessions, per month, per 3/2/15 order Qty 12.00:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT).

**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 completed an initial brief neuropsychological evaluation on 3/2/15 with [REDACTED]. In his report, [REDACTED] offered relevant information to substantiate the need for follow-up treatment and recommended a more thorough evaluation with testing as well as an initial trial of 12 bimonthly neuropsychological sessions. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for 12 neuropsychological counseling sessions is reasonable and medically necessary.