

Case Number:	CM15-0080768		
Date Assigned:	05/01/2015	Date of Injury:	11/23/2013
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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 is a 35 year old male, who sustained an industrial injury on November 23, 2013. He reported a motor vehicle accident, suffering a closed head injury, resulting in a concussion, double vision, neck strain, left shoulder contusion, and right knee contusion. The injured worker was diagnosed as having persistent postconcussion syndrome secondary to the concussion/closed head injury from a motor vehicle accident on November 23, 2013, cognitive disorder with mild cognitive deficits secondary to work related concussion/closed head injury, adjustment disorder with mixed anxiety and depressed mood secondary to motor vehicle accident, mild neurocognitive disorder due to traumatic brain injury, mild cognitive deficits secondary to concussion/closed head injury from motor vehicle accident, somatic symptom disorder with predominant pain, persistent, secondary to motor vehicle accident, and adjustment disorder with mixed anxiety and depressed mood secondary to motor vehicle accident. Treatment to date has included psychiatric treatment and medication. Currently, the injured worker complains of continued vision problems including photophobia, less frequent headaches, slow information processing speed, difficulty multitasking, and continued word finding difficulties. The Primary Treating Physician's Neuropsychological Treatment Report dated March 31, 2015, noted the neuropsychological evaluation dated January 19, 2015, noted the injured worker complained of physical/somatic symptoms including headaches, neck pain, blurred vision, noise sensitivity, light sensitivity, and balance problems, with cognitive problems, anxiety, panic attacks, and depression. The injured worker's medications were listed as Zoloft, Valium, Trazadone, and Ibuprofen. The injured worker's reported symptoms of headache, visual

disturbance, balance problems, light sensitivity, and noise sensitivity were noted to be consistent with a diagnosis of post concussion syndrome. Recommendations included continued participation in neuropsychological treatment in order to address his post concussion recovery and cognitive changes secondary to his work related mild traumatic brain injury, currently being seen every other week. The treatment plan was noted to include a request for authorization for six additional individual neuropsychological treatment sessions to occur every other week to address the injured worker's ongoing recovery in all domains, including physical/somatic, cognitive, and emotional/psychological.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Neuropsychological Treatment Including Behavioral Therapy Times Six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter: Head trauma, headache, etc. (not including stress and mental disorders). Topic: Cognitive Therapy see also Behavioral Therapy December 5, 2014 update.

Decision rationale: Cognitive therapy is recommended with restrictions below. For concussion/mild traumatic brain injury, neuropsychological testing should be conducted with reliable and standardized tools by trained evaluators under controlled conditions, and findings interpreted by trained clinicians. For mild traumatic brain injury a referral for psychological services should be strongly considered 3 or more 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 or reactive depression are severe. Treatment may include individual psychotherapy, therapy, group therapy, instruction and relaxation and related techniques, cognitive/behavioral therapy, social skills training and interventions/consultation in the community. Up to 13-20 visits over 7-20 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. Behavioral therapy is recommended. Behavioral therapy is not the same as cognitive therapy. Cognitive therapy focuses on retraining skills such as attention, memory, executive function etc. Behavioral therapy is working on extinction of socially inappropriate behaviors (hitting, yelling, cursing, etc.) and reinforcement of socially acceptable behaviors (cooperation, compliance, etc.). The patient can be high functioning cognitively and not behaviorally. They may have the cognitive skills to returned to work but if they have socially acceptable behavior, they may not be able to remain at a job. Dealing with behavior after brain injury is an important reason why patients may need inpatient rehabilitation and cannot simply do therapy on an outpatient basis (if the family cannot handle the patient at home). A request was made for 6 additional sessions of outpatient neuropsychological

treatment including behavioral therapy, the request was non-certified by utilization review with the following provided rationale for the decision: "the claimant was injured almost 1.5 years ago after a motor vehicle accident and has been treated with 28 sessions of cognitive therapy. The request for 6 additional sessions of cognitive therapy is not medically necessary as it exceeds the ODG guidelines for approval." This IMR will address a request to overturn that decision. The provided records do not support the medical necessity of the requested procedure. According to the utilization review determination narrative the patient has already received to date 28 sessions of cognitive therapy. The official disability guidelines recommend a course of treatment consisting of 13 to 20 sessions maximum for most individuals. An exception can be made in cases of severe major depression/PTSD, however in this case according to the patient's diagnosis this extension is not applicable. It appears, the patient has received 8 sessions above what is typically considered the maximum quantity of sessions recommended for most patients per official disability guidelines. Six additional sessions would bring the total quantity of treatment provided to 34 sessions. Because the requested quantity exceeds the guidelines, and because the patient does not meet the criteria for an extension, the utilization review determination for non- certification is found to be appropriate and the request is not medically necessary.