

Case Number:	CM14-0196166		
Date Assigned:	12/04/2014	Date of Injury:	07/22/2013
Decision Date:	01/15/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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. The expert reviewer is a licensed Psychologist, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old male (██████████) who sustained a work related injury July 22, 2014 after he was struck in the head by a falling tree with head and back injuries, momentary loss of consciousness, altered states of consciousness, and not able to recall the sequential events just after the injury. Past medical history included diagnosis of hypertension and s/p L3-S1 fusion with pedicle screws and inter-connecting rods (1998). Treatment included passive physical therapy receiving ultrasound treatments. A neuropsychological treatment progress report for a secondary physician from ██████████, dated September 2, 2014, documents the injured worker has lost confidence in the ability to comprehend information, manage his decisions and modulate his mood which has led to irritability, insecurity and depression. In addition, he complains of headache and back pain with radiation down both legs and arms. Diagnostic impression included :(1) pain disorder associated with psychological factors and chronic medical condition; (2) post-concussion disorder with persistent post traumatic headache; (3) organic mood disorder due to traumatic head injury; and (4) depression with sensory and motor disturbance. Recommendations included discussion with primary care physician to increase Zoloft and add Trazadone and to continue 8 additional treatment sessions for neurobehavioral and neurocognitive therapy. According to a primary care physician's progress report dated November 10, 2014, the injured workers standing and walking tolerance is less than 10 minutes and sitting 10 minutes before changing position and tolerance with medications improves walking and standing to approximately 15 minutes and noted a 30% reduction in pain and spasm. He has reduced sensation to light touch noted in the C6 C7 C8 dermatones bilaterally and slightly reduced sensation to light touch in the left L5 distribution otherwise sensation to light touch and proprioception was grossly intact in the upper and lower extremities. Assessment included chronic myofascial neck and back pain status post trauma; post-concussion syndrome

with reported cognitive, visual, olfactory and gustatory disturbances as well as headaches; post concussive headaches with possible cervicogenic contribution; pain related insomnia; and cervical and lumbar degenerative disc disease. The plan is documented as waiting for report on functional capacity evaluation, adjustment in Amitriptyline, additional 10 sessions of neuropsychological treatment, tapering Percocet, and counseling on proper weight control. Work status is documented as temporarily totally disabled. According to utilization review performed November 19, 2014, the clinical indication and necessity of this procedure could not be established and likely 15 psychotherapy sessions have been recently provided to date with no indication/documentation of clinically meaningful objective functional improvements since the last review of this case and procedure. Therefore, citing MTUS ACOEM and ODG (Official Disability Guidelines) continued treatment and an additional 10 sessions of neuropsychological treatment is not reasonable and necessary and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Treatment (10 Sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 101.

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

Decision rationale: The CA MTUS does not address the neuropsychological treatment of TBI therefore; the Official Disability Guidelines regarding the cognitive treatment of head injury as well as the behavioral treatment of head injury will be used as reference for this case. Based on the review of the medical records, it appears that the injured worker completed a neuropsychological evaluation with [REDACTED] in January 2014 and was later authorized for 10 initial sessions. In his PR-2 "Neuropsychological Treatment Progress" report dated 9/2/14, [REDACTED] presents relevant and appropriate documentation of the injured worker's progress in therapy and continued recommendations. The ODG recommends a total of up to 20 sessions as long as objective functional improvement is being demonstrated. Since the injured worker has completed 10 sessions (according to [REDACTED] 10/13/14 progress note), an additional 10 sessions is within the ODG recommendations. As a result, the request for additional "Neuropsychological Treatment (10 Sessions)" is medically necessary.