

Case Number:	CM15-0116428		
Date Assigned:	06/24/2015	Date of Injury:	02/25/2013
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, California

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 59 year old male who reported an industrial injury on 2/25/2013. His diagnoses, and/or impressions, are noted to include: right-sided rib fractures; lung contusion; and cardiac contusion; lumbar spinous fractures; and mild traumatic closed head injury with right frontal lobe contusion and diffuse axonal brain injury with impaired attention, naming and memory. No current imaging studies are noted. His treatments have included psychological evaluation and treatment; medication management; adapted physical education exercise program; and rest from work as he is permanent and stationary. The progress notes of 5/7/2015 reported a psychiatric re-assessment for neuro skills. Objective findings were noted to include a normal affect; and decreased right biceps and brachio-radialis tendon reflexes. The physician's requests for treatments were noted to include continued living neuro-rehabilitation support services, weekly clinical visits for occupational therapy, and counseling x 6 months, before re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling 1 hour per week for 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and pg 12.

Decision rationale: According to the ODG guidelines, Counseling Guidelines are as follows: (1) Initial trial of 6 visits over 6 weeks (2) With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. In this case, the claimant has undergone care with a psychotherapist with noted improvement in December 2014. The claimant had diffuse axonal injury along with a TBI diagnosis and complex impairment. The request for an additional 6 months is appropriate and medically necessary since complex situations can require over a year.

Neuro rehabilitation specialist at home/community 1 day per week, 3 hours per day:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Multidisciplinary community rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and multi-disciplinary rehabilitation and pg 27.

Decision rationale: According to the guidelines, there is insufficient evidence on the effectiveness of cognitive rehabilitation for head injury. In addition, there is no difference in other form of interventions 1 yr. post treatment. In this case, the claimant is 2 years post-injury. The request for weekly 3 hour rehab visits without identifiable end date and goals to be attained for long-term benefit is not medically necessary.

Occupational therapy 1 hour per week for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines and Head injury - pg 29.

Decision rationale: According to the guidelines, therapy is recommended in a fading frequency and ranges from 6-8 weeks after head injury unless there is surgery or hemiplegia. In this case, there was no mention of head surgery or hemiplegia. The claimant's injury was 2 yrs ago and he

had completed an unknown amount of therapy. The request for additional therapy is not medically necessary.