MAXIMUS Federal Services

Case Number:	CM15-0176616		
Date Assigned:	09/17/2015	Date of Injury:	12/09/2014
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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-work injury on 12-9-14. A review of the medical records indicates that the injured worker is undergoing treatment for acute and chronic headaches, status post frontal lobe concussion with amnesia, status post motor vehicle accident with head on collision. Medical records dated (5-2-15 to 7-24-15) indicate that the injured worker complains of speech and memory difficulties after a concussion. He also has intermittent headaches, blurred vision, and constant vertigo and sleep disorder. He states that increased activities and standing increase the vertigo. The frontal headache pain is rated 3-4 out of 10 on pain scale in medical record dated 5-2-15 and increased to 5-6 out of 10 and occasional 7-8 out of 10 on pain scale in medical record dated 7-24-15. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-24-15 the injured worker has not returned to work. The physical exam dated 7-24-15 reveals tenderness to palpation of the cervical spine. The cervical orthopedic tests and range of motion causes pain. The maximum compression test the pain is rated 3-4 out of 10 with dizziness. The foramina compression test and shoulder depression test cause pain bilaterally. The cervical range of motion causes pain and dizziness. The lumbar spine exam shows that Kemps test on the lefty causes pain 3-4 out of 10 on pain scale. The lumbar range of motion causes dizziness in all planes. The mental status exam reveals altered mood. Treatment to date has included pain medication, speech therapy at least 9 sessions, physical therapy (unknown amount), diagnostics, and neurology consult. Magnetic resonance imaging (MRI) of the brain dated 1-15-15 reveals

normal Magnetic Resonance Imaging (MRI) with mild chronic sinusitis. The electroencephalogram (EEG) dated 2-25-15 reveals drowsy electroencephalogram. The request for authorization date was 7-24-15 and requested service included Lumosity cognitive training sessions (1-2/per day for 1 month) quantity of 60. The original Utilization review dated 9-3-15 non-certified the request as it is not recommended as a stand-alone treatment for traumatic brain injury. The efficacy of this therapy has not been proven and the results of the studies are mixed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumosity cognitive training sessions (1-2/per day for 1 month) Qty: 60: 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 Official Disability Guidelines (ODG) Head/ Lumosity, Working memory training.

Decision rationale: Per ODG "Lumosity: Not recommended as a stand-alone treatment for TBI. Lumosity is an online brain training and neuroscience research program from Lumos Labs, including games in the areas of memory, attention, flexibility, speed of processing, and problem solving. Studies of Lumosity's effectiveness have shown mixed results. Working memory training: Not recommended as a stand-alone treatment for TBI, but working memory training does not seem to do any harm, while other easily accessible treatments, such as physical exercise, may have better effects. Recommend group-based brain training under the supervision of a trainer, versus self-directed, home-based training programs." The injured worker has undergone treatment in form of pain medications, speech therapy, physical therapy, diagnostics, and neurology consult. The request for Lumosity cognitive training sessions (1-2/per day for 1 month) Qty: 60 is excessive and not medically necessary as per guidelines Lumosity is not recommended as a stand-alone treatment for TBI and the studies for its effectiveness have shown mixed results, therefore is not medically necessary.