

<b>Case Number:</b>	CM15-0064760		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old man sustained an industrial injury on 7/18/2014 causing a traumatic brain injury after a helicopter crash while crop dusting. He received immediate medical care including surgical interventions and care of broken bones, temporal hematoma, and pneumonia. His diagnosis include Neurocognitive disorder due to traumatic brain injury. Treatment has included oral medications and surgical intervention. Physician notes dated 2/5/2015 show complaints of pain in shoulders, blurred vision, depression, dizziness, forgetfulness, headache, and loss of sleep. Recommendations include eight psychotherapy sessions, cognitive behavior therapy, and continue psychiatric visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-24 weeks of cognitive skill training:** 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), 13th Edition (web), 2015, Head, Cognitive skills retraining.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Cognitive skills retraining.

**Decision rationale:** The injured worker sustained a work related injury on 7/18/2014. The medical records provided indicate the diagnosis of Neurocognitive disorder due to traumatic brain injury. Treatment has included oral medications and surgical intervention. The medical records provided for review do not indicate a medical necessity for 12-24 weeks of cognitive skill training. While the MTUS is silent on it, the Official Disability Guidelines recommends computer-assisted cognitive retraining (CACR) as an effective adjunct to a comprehensive program of cognitive rehabilitation. The recommended number of Cognitive therapy for Traumatic Brain Injury is 13-20 visits over 7-20 weeks (individual sessions). Therefore, the requested medical treatment is not medically necessary.