

<b>Case Number:</b>	CM15-0078337		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 52-year-old male who sustained an industrial injury on 2/3/05. He reports head injury after being hit on the head by the hood of a car and the forehead hitting the car radiator. The diagnoses have included traumatic brain injury. Treatment to date has included medications and psychotherapy. The current medications included Topamax, Viibryd, and Paliperidone. Currently, as per the physician progress note dated 3/18/15, the injured worker reports feeling worse, constant dizziness with nausea, and memory problems. He reports photosensitivity and chronic dizziness. The physical exam revealed deep tendon reflexes 2+ with sensation intact. There was previous sessions of neuropsychology noted without improvement in depression. Treatment plan was cervical pillow, psychiatry follow up, medications for dizziness and the physician requested treatment included 8 Neuropsychology counseling sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychology counseling session #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress, PTSD psychotherapy interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter Head.

**Decision rationale:** Based on the review of the medical records, the injured worker has received several psychological/neuropsychological/psychiatric services over the years since his injury. The record indicates numerous neuropsychological evaluations over the years of 2005-2013. Although it is noted that the injured worker received neuropsychological therapy by [REDACTED] and [REDACTED], none of those records were included for review. As a result, it is unclear as to the number of sessions completed, the progress/improvements made from those sessions, and the recommendations for further treatment. In his supplemental neuropsychological report dated 5/1/13, [REDACTED] wrote, "No further treatment needed for cognitive factors of disability." Given [REDACTED] recommendations, the fact that there are no progress notes to review, and that there has been no recent neuropsychological evaluation, the request for additional neuropsychology sessions is premature and therefore, not medically necessary.