
Notice of Independent Medical Review Determination

Dated: 10/18/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

4/21/2012

7/22/2013

CM13-0002301

- 1) MAXIMUS Federal Services, Inc. has determined the request for 16 neuropsychological counseling sessions with psychologist **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 16 neuropsychological counseling sessions with psychologist **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013:

“Mr. [REDACTED] is a 41y/o plasterer w/back and head injuries on 4/21/12. (Claimant was 40yrs old on the DOI) On 4/21/12, Mr. [REDACTED] was approximately 20 feet off the ground on scaffolding, when he slipped and fell approximately 8-9 feet landing on scaffolding and then falling another 8-9 feet to the concrete below. Mr. [REDACTED] was transported via ambulance to [REDACTED] and then was airlifted to [REDACTED]. While in route, Mr. [REDACTED] suffered two seizures and was intubated to maintain his airway. He was placed in the neuro intensive care unit due to a traumatic brain injury. Mr. [REDACTED] was diagnosed with a non-displaced basal skull fracture with contrecoup cerebral contusion and compression fractures of T5 and T6. In neuro-ICU from 4/21/-4/23 then he was placed in a neuro step down unit until his discharge on 4/27/12.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination from Claims Administrator
- Employee medical records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request 16 neuropsychological counseling sessions with psychologist:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, (chapter, section and page not cited) part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, (section and page not cited), part of the MTUS. The Expert Reviewer found no section of the MTUS relevant and applicable to the issue at dispute. The Expert Reviewer found the Traumatic Brain Injury Medical Treatment Guidelines (Revised: November 26, 2012; Effective: January 14, 2013) State of Colorado Department of Labor and Employment, Division of Worker's Compensation, a medical treatment guideline, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured in a work related accident on 4/21/12. The submitted records indicate the employee not only sustained physical injuries, but a traumatic brain injury as well. Diagnoses included non-displaced basal skull fracture with contrecoup cerebral contusion and compression fractures of T5 and T6, following a work related injury on 4/21/12. The employee has received various treatments for both physical and neuropsychological damage. The records include a recommendation that the employee receive 16 weekly neuropsychological sessions in which the neuropsychologist should continue to monitor the employees cognitive functioning and make recommendations, as necessary, especially with regards to return to work.

According to the Traumatic Brain Injury Medical Treatment Guidelines issued by the State of Colorado, Department of Labor and Employment, Division of Worker's Compensation, treatment for traumatic brain injury is multifaceted and can be divided into "Patient/Family Support System Education; Behavior; and Cognitive". The guidelines for cognitive treatment for moderate traumatic brain injury suggest the following: Frequency: Acute and post-acute – daily. Sub-acute outpatient and home/community setting – daily to weekly. Optimum Duration: Typically 8 weeks with evaluation at the 4-week mark. Maximum Duration: Beyond 8 weeks requires documentation of progress with the exception of periodic consultations and new treatment goals.

According to the medical records provided the employee "struggles with cognitive deficits directly related to his brain injury and consequent disability". There are changes in the form of irritability and agitation secondary to brain dysfunction, especially in the frontal area. Current cognitive deficits are very consistent with moderate TBI, including problems in attention/concentration, learning and memory, information and processing speed, and executive functioning. Based on this guideline, the request for 16 neuropsychological counseling sessions with a psychologist **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.