

<b>Case Number:</b>	CM13-0024462		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is licensed in Psychology, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 35 year-old male with a date of injury of 9/7/11. According to medical reports, he sustained several medical injuries as well as a possible traumatic brain injury as the result of being assaulted while working as a [REDACTED]. In addition to the various medical diagnoses he has received, the claimant has also been recently diagnosed with post-traumatic stress disorder and chronic pain by his treating psychologist, [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete memory rehabilitation (unspecified frequency/duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, chapter 7, page 127, and the Reasonable standard of practice in Psychology..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The request for complete memory rehabilitation remains too vague. There is no specified frequency or duration requested, and it is unclear as to the type of treatment this actually entails. There are no current guidelines that specifically address this course of treatment,

and without further information and clarification, this request is too vague to meet medical necessity.