

Case Number:	CM13-0040046		
Date Assigned:	12/20/2013	Date of Injury:	09/02/2008
Decision Date:	03/17/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

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 physician 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 55 year-old male (DOB 3/4/59) with a date of injury of 9/2/08. The claimant sustained injuries to his head, face, jaw, left shoulder, left hip, and left leg as the result of a motor vehicle accident while employed as a laborer for [REDACTED]. In her "Examination" note dated 8/27/13, [REDACTED] diagnosed the claimant with major depressive disorder, single episode, severe without psychotic features. In other notes from [REDACTED], the claimant is diagnosed with unspecified persistent mental disorder due to a condition classified elsewhere and adjustment reaction. In his individual sessions with [REDACTED], the claimant is demonstrating cognitive deficits including poor organizational skills, poor short-term memory and retrieval of stored memory information, difficulty naming objects or people, and word fluency.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 months of Neuro-Cognitive Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Therapy. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Cognitive Skills Retraining and Neuropsychological Testing

Decision rationale: The CA MTUS does not address neuropsychological services therefore, the Official Disability Guidelines regarding cognitive skills retraining and neuropsychological testing will be used as reference for this case. Based on the review of the medical records, the claimant is definitely experiencing cognitive deficits that are impairing his daily functioning. In their 10/8/13 "Addendum" report, [REDACTED] and [REDACTED] present relevant and appropriate arguments demonstrating the need for some neuropsychological services for the claimant. It is noted that the claimant made progress and advancements from his previous services with the Center for Neuroskills (CNS). However, he left CNS in 2010. There is no record of any recent neuropsychological testing to indicate the exact needs of the claimant. Since there has been no recent neuropsychological testing and evaluation conducted to assess the claimant's current needs and offer recommendations, the request for "4 months of neuro-cognitive rehabilitation" appears premature and therefore, not medically necessary.