

Case Number:	CM13-0041629		
Date Assigned:	12/20/2013	Date of Injury:	11/26/2007
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 patient is a 58-year-old male who reported an injury on 11/26/2007. The patient is diagnosed with closed head injury without LOC, neck pain, wrist pain, multiple closed skull and facial fractures with cerebral contusion, closed nasal bone fracture, ptosis, chronic meningococcal meningitis, and fatigue. The patient was seen by [REDACTED] on 10/08/2013. Physical examination revealed stiffness in the cervical spine with full range of motion. Treatment recommendations included continuation of current medications, psychological counseling, a CT scan of the head, and a replacement mask for his CPAP machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Consult (extension): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. As per the documentation submitted, the patient has previously undergone psychiatric treatment. However, documentation of current psychological issues, as well as past treatment and response to previous care, was not provided. It is noted that the patient is unhappy with the current treating psychiatrist. Based on the clinical information received, the request is non-certified.

Mask: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dental Policy Bulletin - number 018, Section on Obstructive Sleep Apnea

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Section on Durable Medical Equipment

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. It is noted that the patient persistently reports fatigue despite the use of his CPAP machine for sleep apnea. It is unclear if the patient has any specific issues with the current mask that is affecting the use of the machine. The medical necessity for a replacement mask has not been established. Therefore, the request is non-certified.