

Case Number:	CM13-0042063		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2011
Decision Date:	08/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Board Certified in Orthopedic Surgery, 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 injured worker is a 58-year-old who was reportedly injured on December 23, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated November 6, 2013, states that the injured employee is having neck pain and headaches. No focused physical examination was performed. Another recent progress note, dated August 7, 2013, indicates that there are ongoing complaints of chronic pain syndrome. There were complaints of blurry vision and a feeling that the injured employee is going to fall. No focused physical examination was performed. Previous treatment includes physical therapy. A request had been made for a psychological evaluation and vestibular rehabilitation and was not certified in the pre-authorization process on October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 101-102 OF 127.

Decision rationale: According to the most recent progress notes in the medical record there are no complaints of any symptoms requiring a psychological evaluation. In particular there are no stated symptoms of depression nor is there a diagnosis of depression made. Without specific justification this request for a psychological evaluation is not medically necessary or appropriate.

Vesibular rehabilitation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vestibular PT rehabilitation, Updated June 9, 2014.

Decision rationale: According to the medical record the injured employee had a previous neurological evaluation and vestibulocephalic exercise was recommended. The previous utilization management review there is no specific apparent reasoning for noncertification of vestibular rehabilitation. This request for vestibular rehabilitation is medically necessary and appropriate.