

<b>Case Number:</b>	CM13-0042582		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Physical Medicine and Rehabilitation 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 55 year-old female campus supervisor who injured herself at work on 09/29/2011. She was in the teacher's office and was picking up a water bottle and as she straightened up, she hit her head on the upper half of a Dutch door. Patient has been diagnosed with closed head injury with posttraumatic head syndrome, cervical strain, muscular contraction and vascular headaches. According to [REDACTED] report dated 09/12/2013 the patient is complaining of headaches two to three times a month central to the left side. They are dull ache and may last for several hours. Physical examination shows normal strength, sensation, and reflex in the upper and lower extremities. The treater is requesting a repeat psychometric testing to compare previous results to determine any residual disability. Previous reports on psychometric testing was not made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat psychometric testing QTY 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Chronic Pain Medical Treatment Guidelines page(s) MTUS. Page(s): 100-101.

**Decision rationale:** The request for repeat psychometric testing was on the 9/13/31 report from [REDACTED]. I have been provided [REDACTED] neurological reports as far back as 10/11/2012. There is no current psychometric testing for 2013. MTUS recommends psychological evaluations for chronic pain. MTUS also monitoring for improvement. It would seem reasonable to have updated psychometric testing to compare to the prior testing to assess efficacy. The request appears to be in accordance with MTUS guidelines.