

Case Number:	CM13-0042884		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2007
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 74 year-old male [REDACTED] with a date of injury of 10/11/07. He sustained injuries to his head, neck, and back when he was attacked by another employee and was dragged by a golf cart. This happened while the claimant worked as a laborer for [REDACTED]. He has received medical treatments including chiropractic, physical therapy, injection, and medications. In his 9/5/13 report, [REDACTED] provided the following impressions of the claimant: (1) Cervical pain with probable cervical facet syndrome with objective physical exam findings including pain and limitation in cervical extension; (2) Cervical strain with tenderness to palpation over the paraspinal muscles; (3) Low back pain; and (4) Head pain with complaints of poor memory. Additionally, the claimant sustained injury to his psyche as a result of the work related incident and reports that he has experienced memory issues since the injury. In her "Psychological Evaluation" dated 11/13/13, [REDACTED] diagnosed the claimant with Depressive Disorder NOS and Chronic Pain Disorder Associated With Both Psychological Factors and Chronic Pain Condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing: Upheld

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

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.

Decision rationale: The CA MTUS does not address neuropsychological testing. As a result, the Official Disability Guidelines on treatment for the "head" will be used. The claimant sustained his injury in 2007. He has been treated since that time for neck and back injuries. Although it is noted in several reports that the claimant reports some memory issues, he has never been diagnosed with any cognitive deficits. The ODG recommends the use of neuropsychological testing for "severe traumatic brain injury". It is discussed that the claimant received a head injury, but the reports do not substantiate that the claimant sustained a severe traumatic brain injury that would warrant neuropsychological testing. As a result, the request for "psychological testing" is not medically necessary. It is noted that the claimant was authorized for a psychological evaluation and was evaluated in November 2013. As part of that evaluation, the claimant completed a battery of psychological tests. The results of those tests in addition to the assessment results were reported in [REDACTED] "Psychological Evaluation and Request for Treatment Authorization" dated 11/13/13.