

Case Number:	CM14-0002763		
Date Assigned:	01/29/2014	Date of Injury:	07/28/2009
Decision Date:	06/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 patient is a 61 year old male who was injured on 7/28/09 as a result of being struck on the head and neck by a ladder at work. A Psychological Treatment Update dated 11/14/13 documented that the patient has attended seven Individual Psychotherapy sessions since his initial assessment. The patient is responding well to treatment. He takes less pain medication and is more assertive and physically active. His depression has decreased from an 8/10 to a 5/10. He participates in activities that bring him joy and make him feel useful and worthy. Regardless of his improvement, he is a very ill man. He is enduring considerable physical pain (7/10) in his neck, shoulders, upper extremities, back buttock, head, left flank and lower extremities. He is experiencing debilitating depression, anxiety and cognitive difficulties (depressed affect, sleep disturbance, hopelessness, anhedonia, irrational guilt, low self worth, tearfulness, fatigue, diminished libidinal drive, poor appetite, tension, nervousness, constant worry, restlessness, forgetfulness, problems focusing and suicidal ideation). The current diagnoses include major depressive disorder, single episode, moderate; and cognitive disorder, not otherwise specified, provisional. The treatment plan included six additional Individual Psychotherapy sessions, a referral to psychiatric associates, and referral for a neuropsychological evaluation. He displays/reports many symptoms suggestive of postconcussional disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO NEUROPSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503

Decision rationale: Per the ACOEM guidelines, referral for consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient, as the outcome of the concurrently requested psychobehavioral intervention and consultation with a psychiatrist for medication management should first be assessed prior to considering the need for neuropsychological evaluation. Furthermore, the patient has attended seven Individual Psychotherapy sessions since his initial assessment. The patient is responding well to treatment, is taking less pain medication and is more assertive and physically active. His depression has decreased from an 8/10 to a 5/10. As such, the request is not medically necessary.