

Case Number:	CM14-0109969		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2012
Decision Date:	09/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 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 claimant is a 50 year-old male with a date of injury of 7/30/12. The claimant sustained orthopedic injuries to his feet, legs, hip, back, and right middle finger as well as a head injury as the result of being crushed by his car while working as a Commander for the [REDACTED] noted in her PR-2 report dated 6/16/14, that the individual is diagnosed with: (1) Postconcussion syndrome; (2) Mallet finger, right middle finger with ongoing complaints of right hand weakness and dysfunction; (3) Ideopathic peripheral neuropathy, bilateral lower extremity neuropathic pain; (4) Achilles tendinitis or bursitis (right); and (5) Sprain lumbar region. He has received treatment for his orthopedic injuries including medications, Occupational Therapy, and Physical Therapy. He has not received any treatment for the postconcussion syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist and neuropsych testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS

Chronic Pain Medical Treatment Guidelines, Psychological evaluations, Pages 100-101 and on the Non-MTUS Official Disability Guidelines (ODG) Head Chapter and Neuropsychological testing

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Psychological evaluations, Pages 100-101 and on the Non-MTUS Official Disability Guidelines (ODG) Head Chapter and Neuropsychological testing. The Expert Reviewer's decision rationale: The CA MTUS guideline regarding the use of psychological evaluations and the ODG regarding neuropsychological testing will be used as references for this request. [REDACTED] notes in her PR-2 report that the claimant was diagnosed with postconcussion syndrome and that he has diminished memory as well as attention with head injury. She also notes that the claimant has significant memory losses and that his wife has to prompt for a lot of questions. It is further noted in [REDACTED] prescription dated 6/16/14 that the claimant has cognitive deficits that have not improved since his injury. He had loss of consciousness and hit his head. He has not had any testing thus far. She recommends neurological psychological evaluation and a consultation with a psychologist. The PR-2 report dated 2/12/14, [REDACTED] noted a diagnosis of a possible mild TBI and wrote to consider speech therapy to assess cognitive issues. Given that the claimant's cognitive issues have been mentioned a few times over the past few months by different physician's, the request for a neuropsych consultation and testing appears appropriate. As a result, the request for consultation with a Psychologist and neuropsych testing is considered medically necessary.