MAXIMUS Federal Services

Case Number:	CM14-0018864		
Date Assigned:	04/23/2014	Date of Injury:	06/29/2000
Decision Date:	07/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 62 year-old with a date of injury of 06/29/00. A progress report associated with the request for services, dated 01/09/14, identified subjective complaints of right groin pain. Past addictive gambling behavior was noted and stated there was no further mention of addictive behavior. Objective findings included a positive straight leg-raising and weakness of the extensor hallicus. Diagnoses included lumbar radiculopathy and cognitive impairment with past anoxic encephalopathy. Treatment has included a lumbar laminectomy as well as oral opioids, muscle relaxants, and antidepressants. A Utilization Review determination was rendered on 01/21/14 recommending denial of "otol rx cognitive rehab referral for establishment of structured day activities".

IMR ISSUES, DECISIONS AND RATIONALES

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

OTOL RX COGNITIVE REHAB REFERRAL FOR ESTABLISHMENT OF STRUCTURED DAY ACTIVITIES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Disorders, Forearm, Wrist, & Hand Complaints, Low Back Complaints, Knee Complaints & Stress Related Conditions. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Chapter 7- Independent Medical Exams & Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OGNITIVE BEHAVIORAL THERAPY/PSYCHOLOGICAL EVALUATIONS Page(s): C, 35; 100-101.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) directs cognitive therapy to the psychological treatment section. In that section, it states that psychological evaluations are recommended. They are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations."The denial did not quote any evidence or guideline. As noted in the MTUS, psychological evaluations and therefore cognitive evaluations are recommended. Therefore, the record does document the medical necessity for a cognitive evaluation. The request is medically necessary and appropriate.