

<b>Case Number:</b>	CM14-0110077		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Board Certified in Psychiatry, 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:

Injured worker is a 43 year old male with date of injury 08/15/2011. Date of the UR decision was 7/10/2014. Mechanism of injury was described as being assaulted by a patient resulting in loss of consciousness/Traumatic brain injury while working at a [REDACTED]. He underwent neuropsychological evaluation on 1/10/2014 that revealed memory and motor deficits, language impairment, and poor concentration. It was suggested that he underwent some psychotherapy treatment, however there was no documentation any cognitive remediation training that was worked on during the sessions. Report dated 10/17/2013 listed the diagnosis as Post-traumatic stress disorder with panics, Major depressive disorder, recurrent, of moderate severity and Cognitive disorder, NOS, with decreased attention, concentration and memory secondary to traumatic brain injury as a provisional diagnosis. The recommendations per the provider completing the report were to get neuropsychological testing to determine whether or not he will require cognitive retraining and speech therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic test - neuropsychological testing (5 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009; Chronic Pain Medical Treatment Guidelines; Psycholog.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

**Decision rationale:** The injured worker was assaulted by a patient resulting in loss of consciousness/Traumatic brain injury while working at a [REDACTED]. He underwent neuropsychological evaluation on 1/10/2014 that revealed memory and motor deficits, language impairment, and poor concentration. It was suggested that he underwent some psychotherapy treatment, however there was no documentation any cognitive remediation training that was worked on during the sessions. Report dated 10/17/2013 listed the diagnosis as Post-traumatic stress disorder with panics, Major depressive disorder, recurrent, of moderate severity and Cognitive disorder, NOS, with decreased attention, concentration and memory secondary to traumatic brain injury as a provisional diagnosis. The injured worker has not had any cognitive remediation training during the psychotherapy sessions as was recommended per the neuropsychological evaluation on 1/10/2014. The request for another diagnostic test neuropsychological testing (5 hours) is not medically necessary at this time.