

Case Number:	CM14-0159687		
Date Assigned:	10/03/2014	Date of Injury:	10/14/2008
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 52-year-old male with a 10/14/08 date of injury. At the time (9/10/14) of Decision for Psychiatrist Consult, there is documentation of subjective (intermittent dizziness, difficulties with balance with eyes closed, activities in dark environments, bilateral hearing loss, depression, and anxiety) and objective (normal language and cognition) findings, current diagnoses (post-concussion syndrome, post traumatic headache, tinnitus, and vestibulopathy, depression, and anxiety), and treatment to date (vestibular physical therapy and medications). Medical reports identify documentation of neuropsychological evaluation confirming mild cognitive inefficiencies with severe depression and chronic pain syndrome as being the overriding factors impacting injured worker's progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation, Page(s): 100-102.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of post-concussion syndrome, post traumatic headache, tinnitus, vestibulopathy, depression, and anxiety. In addition, there is documentation of severe depression and chronic pain syndrome as being the overriding factors impacting patient's progress. Therefore, based on guidelines and a review of the evidence, the request for Psychiatrist Consult is medically necessary.