

<b>Case Number:</b>	CM14-0039958		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 injured worker is a 39 year-old male with a date of injury of 7/19/11. The injured worker sustained injury to his head when he fell from a fully extended 28 foot ladder that became dislodged. Although he doesn't have a memory of falling, his injuries indicate that he likely landed on top of his truck. In a "Defense Qualified Medical Examination" dated 1/10/14, he was diagnosed with the following: Closed head injury with associated cognitive complaints of cognitive impairment, behavioral disturbance, vertigo, headache, and depression. A progress report dated 5/1/14 noted that the injured worker is diagnosed with post concussive syndrome and brain injury necrotizing enterocolitis (NEC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with psychiatric physician, [REDACTED], for depression related to head injury as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter.

**Decision rationale:** Based on the review of the medical records, the injured worker was referred by his previous physician to both a neuropsychologist, for neuropsychological testing and to a psychiatrist, for treatment of depression with mood swings. According to reports, he injured worker was evaluated in January 2012 and began treatment with [REDACTED] in June 2012. The injured worker began taking Lamictal, which helped his mood swings become more manageable. He was also experiencing some cognitive deficits, particularly related to his memory (which continue today). However, when the injured worker's care was transferred from [REDACTED] to his current physician, [REDACTED], he stopped treatment with [REDACTED]. Since the injured worker had been receiving treatment from [REDACTED] in the past and it was found to be effective, the request for a new consultation appears reasonable. As a result, the request for a consult with [REDACTED] is medically necessary.