MAXIMUS Federal Services

Case Number:	CM14-0072210		
Date Assigned:	07/28/2014	Date of Injury:	10/21/2006
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Health Psychology and pain management 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 that were provided for this independent review, this patient is a 49 year old male who reported an industrial/occupational work related injury on October 21st, 2006. On that date he was engaged in his usual work duties as an electrician when he was hit on the left side of his face by machinery-pulley system with a heavy hook and chain (hoist) injuring his left cheek, left eye (blurry vision) 4 facial fractures, jaw, displaced teeth, swollen gums, nasal fractures, eyebrow fracture tripod fracture. Psychologically, he is been diagnosed with frontal traumatic brain injury and Major Depressive Disorder, Severe. Also alternative diagnoses were mentioned: Cognitive Disorder, NOS; Somatoform Disorder, NOS; Depressive Disorder, NOS with associated anxiety (industrial); Post-traumatic stress disorder feature and Alcohol Abuse (past history, non-industrial). He remains dizzy and has a history of s/p injury falls at home. He has severe headache, neck pain, lower back shooting pain, left foot pain facial pain, severe dental pain (cannot brush teeth), depression, apathy, personality changes, trouble sleeping, mood in memory difficulties, increased education, an occasional urine and bowel incontinence. A previous neuropsychological examination was conducted in 2009 with a full scale IQ of 124 but very low processing speed abilities, 14th percentile of rapid reading of sight words, in seventh percentile for rapid color naming; attention and working memory were also very low in the 27th percentile, and calculations in the 54th percentile -suggesting left frontal lobe damage. A request for a neuropsychological evaluation was made, and non-certified. The utilization review non certification noted that the neuropsychological testing, and psychological treatment should not be started until the psychological evaluation that was also requested was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-psyche testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluations, page 101 Page(s): 101.

Decision rationale: This patient's medical chart medical records documented his neuropsychological testing from 2009 very significant cognitive deficits are present. His last narrow psychological test was in 2009, five years ago, it is appropriate and medically necessary to have a repeat test this time to see if his condition has deteriorated further, held steady, or improved. According to the MTUS guidelines psychological tests/evaluation are recommended, generally accepted, well-established, diagnostic procedure. The guidelines do not address specifically neuropsychological testing/assessment, nor do they address the time interval between initial testing and repeat. However given this patient symptomology neither of those issues should preclude is having a repeated tested this time. The request is medically necessary and appropriate.

psychological treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress, psychotherapy guidelines.

Decision rationale: This patient is in severe distress and the care taking responsibilities of his wife appear to be nearing a breaking point. It does not appear based on any of the information was provided that he is having a recent psychological treatment. According to the MTUS guidelines for cognitive behavioral therapy, an initial trial of 3 to 4 sessions should be offered to see a patient is responsive to treatment, and if so additional sessions up to a maximum of 10 may be offered. For this patient, the (ODG) Official Disability Guidelines for psychotherapy are more appropriate than the MTUS given the severity of his brain injury and need for psychological treatment. Those guidelines state that after an initial six sessions to test whether the patient is responsive to treatment, if progress is being made, 13 to 20 additional sessions may be offered. In rare cases of Severe Major Depression up to 50 sessions maximum may be used, if medically necessary, and if progress is being made (see June 2014 update). All requests for psychological treatment were submitted to independent medical review must contain a specific number of sessions being requested. This request was open-ended and unspecified. The request is not medically necessary and appropriate.