

Case Number:	CM14-0219162		
Date Assigned:	01/09/2015	Date of Injury:	10/06/2010
Decision Date:	03/30/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 40 year old female, who sustained an industrial injury on October 6, 2010. She has reported back pain, left arm pain, sleep difficulties, and depression. The diagnoses have included chronic regional pain syndrome. Treatment to date has included physical therapy, medications, cervical spine epidural steroid injection, stellate ganglion injections, occipital block, and imaging studies. A progress note dated November 3, 2014 indicates a chief complaint of continued left arm pain and a depressed mood. Physical examination showed left hand flexion contracture and atrophy of the left forearm. The treating physician is requesting six neuropsychological visits. On December 4, 2014 Utilization Review denied the request for the neuropsychological visits citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGIST 6 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment, management of medical conditions Page(s): 398.

Decision rationale: MTUS guidelines support that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to best clinical practice. The insured is noted to have new conditions of chronic pain. Further evaluation may be warranted by a specialist to determine the nature and diagnosis of such conditions to guide further diagnostic and/or therapy treatment. However, the medical records do not indicate a specific rationale for needing a neuropsychologist to provide evaluation or ongoing care for 6 visits. As such the medical records provided for review do not support referral to neuropsychology congruent with MTUS guidelines.