

Case Number:	CM15-0002711		
Date Assigned:	01/13/2015	Date of Injury:	03/24/2009
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas

Certification(s)/Specialty: Psychologist

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 57-year-old male who reported an injury on 07/28/2008 due to a slip on black ice that caused him to have a period of unconsciousness. The clinical note dated 09/26/2014 revealed the injured worker complains of low back and bilateral knee pain. He is noted to have decreased memory and forgetfulness. On examination, the injured worker was noted to be depressed and angry with absent signs of danger to self or others. The diagnoses were noted to be pain disorders associated with both psychological factors and general medical condition; major depressive episode, severe; and cognitive disorder not otherwise specified/postconcussional disorder. Medication included Zoloft. The injured worker had previously participated in cognitive behavioral therapy. The provider recommended a referral to a psychologist for baseline administration of IVA concentration performance test. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychologist for Baseline Administration of the IVA Concentration

Performance Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Neuropsychological Testing.

Decision rationale: The request for referral to a psychologist for baseline administration of the IVA concentration performance test is not medically necessary. The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. Psychological testing should only be conducted with reliable standardized tools by trained evaluators under controlled conditions and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury or brain scan or neurologic examination and objective deficits on neuropsychological testing whereas these evaluations are frequently not definitive in persons with concussion/MTBI. The documentation submitted for review noted that the injured worker had previously participated in cognitive behavioral therapy. There is no evidence of concentration difficulties noted. As such, medical necessity has not been established.