

Case Number:	CM15-0131874		
Date Assigned:	07/20/2015	Date of Injury:	01/14/2015
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 64-year-old male who sustained an industrial injury on 1/14/2015 resulting in concussion and his reporting of deficits in memory and concentration on 5/7/15. He is diagnosed with post-concussion with brief loss of consciousness, dizziness, and giddiness. There has been treatment for physical symptoms, but none noted for memory and concentration difficulties. The treating physician's plan of care includes referral to psychologist. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Psychologist per 5/7/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment - Head - Neuropsychological testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: AECOM guidelines state "Consider specialty referral if persistent symptoms are not consistent with clinical findings. In general, neuropsychological testing is not indicated early in the diagnostic evaluation. Rather, it is most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits." The injured worker does not have any cognitive deficits per the examination dated 5/7/15. Thus, the request for Referral to a Psychologist per 5/7/15 order is not medically necessary.