

Case Number:	CM15-0141446		
Date Assigned:	07/31/2015	Date of Injury:	08/23/2011
Decision Date:	09/16/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 40 year old female who sustained an industrial injury on 08/23/2011 involving a slip and fall with loss of consciousness. Diagnoses include status post-concussion with light dizziness and tiredness, peripheral field deficits from head injury, cervical and thoracic spine sprain and strain. Treatment to date has included diagnostic studies, medications, therapy and acupuncture. Current medications include Cymbalta, Topamax, Prilosec and Zofran. She is not working. She had a QME on 05/28/15. The patient had symptoms consistent with concussion and posttraumatic head syndrome. A neuropsychological evaluation was recommended (with a consultant familiar with traumatic brain injury) to assess her cognitive deficits, with recommendations for appropriate treatment and to rate her as she had not achieved MMI. In a progress note of 06/12/2015, the patient complains of constant chronic headaches and severe neck pain, tinnitus, insomnia, memory loss, anxiety and depression. On examination, the cervical spine was tender to palpation, and muscle spasms were present at levels C2-C7. There is thoracic spine tenderness and muscle spasms at levels T1-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Neuropsychological testing.

Decision rationale: Per ODG, neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. The application of neuropsychological testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but should not be the sole basis of management decisions. QME of 05/28/15 recommended neuropsychological testing to assess cognitive deficits and rate her for MMI. Specific symptoms and severity related to cognitive deficits, anxiety and depression were not described in this QME or in progress notes provided for review. There were no diagnostic studies included in records. Insufficient information was provided in records. This request is noncertified.