

Case Number:	CM15-0160063		
Date Assigned:	08/26/2015	Date of Injury:	11/05/1991
Decision Date:	10/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old man sustained an industrial injury on 11-5-1991. The mechanism of injury is not detailed. Diagnoses include pain disorder associated with psychological factors and a general medical condition, severe major depression, panic attacks without agoraphobia, lumbosacral back impairment, and chronic back pain. Treatment has included oral medications. Physician notes from the psychiatrist on a PR-2 dated 7-21-2015 show complaints of a worsened, more depressed mood, diminished interest in previously enjoyed activities, sleep disturbance, anergia, intense apprehension, fearfulness, feelings of impending doom, palpitations or chest pains, difficulty with concentration, recurrent thoughts of death, appetite disturbance, anhedonia, indecisiveness, social withdrawal, impaired memory, excessive worry, stomach distress, headaches, muscle tension, anxiety, and panic attacks. Recommendations include continue current medication regimen, individual psychotherapy, evaluation for cognitive decline, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assessment for cognitive decline for early onset of memory impairment and dementia:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100 and 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Head Procedure Summary Online Version last updated 07/24/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examination and Consultations, Second Edition, Chapter 7, page 127.

Decision rationale: According to ACOEM Practice Guidelines, Independent Medical Examination and Consultations Chapter, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and parent residual loss and or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. A referral to a specialist may be needed if the diagnosis is uncertain or extremely complex, if psychological factors are present, or when the plan or course of care may benefit from additional expertise. The provider requested cognitive evaluation to rule out early dementia. However the patient was diagnosed with depression, anxiety and confusion with non compliance with his medications. A primary dementia cannot be determined without stabilization of the patient psychiatric condition. Depression may cause pseudodementia and the diagnosis of primary dementia cannot be established in the context of confusion. Therefore, the request for Assessment for cognitive decline for early onset of memory impairment and dementia is not medically necessary.