

Case Number:	CM15-0196292		
Date Assigned:	10/09/2015	Date of Injury:	05/15/2015
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: California

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:

This is a 51 year old female who sustained a work-related injury on 5-15-15. She reported an injury to her head when she was struck on the right side of her head at the ear level. A CT of the head was within normal limits. The initial diagnosis was concussion with headaches. She presented to the Emergency Department on 9-4-15 with complaints of a headache with associated nausea, photophobia, and fever. She reported similar headaches since her work injury. She was diagnosed with headache and post-concussive syndrome and given Fioricet for pain. Handwritten medical record documentation on 9-24-15 revealed the injured worker was evaluated for post-concussion syndrome. She reported that she was told that she had vertigo and there were non-serious issues. Objective findings included no changes in four months. The injured worker was more alert and active at the time of the evaluation. Her medications included Paxil 20 mg every day. A request for psychological consultation and treatment was received on 9-25-15. On 10-1-15, the Utilization Review physician determined psychological consultation and treatment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Based on the review of the medical records, the injured worker experienced a work-related injury in May 2015 and has experienced subsequent headaches. In the 9/24/15 progress report, [REDACTED] recommended that the injured worker receive psychological testing and a referral to a psychiatrist. The request under review is based upon these recommendations. Unfortunately, there is no information within the report indicating any psychological/neuropsychological symptoms for which a psych consultation is needed nor any rationale from [REDACTED] to substantiate the request. As a result of insufficient information, the request for psych consultation and treatment is not medically necessary.