

Case Number:	CM15-0208819		
Date Assigned:	10/29/2015	Date of Injury:	11/12/2013
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 11-12- 2013. The injured worker was diagnosed as having post concussion syndrome, with some atypical language difficulties. Treatment to date has included diagnostics, chiropractic, shoulder injection, and physical therapy. On 10-02-2015 (Occupational and Environmental Neurology Consultation), the injured worker complains of stuttering since 12-2013, difficulty with multi-tasking, bilateral shoulder pain, neck pain, at least weekly headaches, and spasms in her mid back. She reported that Advil helped the pain. She reported fatigue and needing more energy to gather her thoughts, vertigo and "disorientation", "balance and walking straight", difficulty driving when tired, depression, and some problems with mathematics. Mental status exam noted orientation x3, ability to follow complex commands, no right-left confusion, the ability to remember 3 objects within 3 minutes, the ability to add 6+9 and spell "world" forwards and backwards, and normal abstract reasoning. Motor exam was 5 of 5 for the proximal and distal muscles and reduced temperature of the lower extremities. Romberg test was positive. Magnetic resonance imaging of the brain (1-2014) was documented to show two foci of T2 signal abnormality within the white matter of the left basal ganglia, highly non-specific, and was otherwise unremarkable. Exam summary noted that she appeared anxious and did have some language dysfunction when stressed. She continued to work full duty. The treatment plan included neuropsychological evaluation and 6 visits of cognitive therapy. On 10-14-2015, Utilization Review modified a request for psychotherapy neuropsychological evaluation with 6

visits of cognitive therapy to trial of 6 cognitive therapy sessions, noting non-certification of neuropsychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, neuropsychological evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker has continued to exhibit some impairment in cognitive functioning as indicated by [REDACTED] 10/2/15 progress note. In the report, [REDACTED] recommended a neuropsychological evaluation as well as follow-up CBT services. The request under review is based upon this recommendation. The CA MTUS recommends the use of neuropsychological evaluations as well as behavioral interventions. Prior to the commencement of CBT interventions, it is necessary to have the injured worker complete a thorough psychological evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations. As a result, the request for a neuropsychological evaluation appears reasonable and is medically necessary.