

<b>Case Number:</b>	CM15-0075194		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 55 year old female who sustained an industrial injury on 8/18/99. The injured worker reported difficulties with activities of daily living. The injured worker was diagnosed as having probable cervical radiculopathy, cognitive impairment, emotional distress and status post trauma temporomandibular joint bilaterally. Treatments to date have included aquatic therapy and activity modification. Currently, the injured worker complains of difficulties with activities of daily living. The plan of care was for a cognitive study and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cognitive study with mission psychology group, for previous cervical spine and head injury as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Neuropsychological Evaluation.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving treatment from physician, [REDACTED], whom made the request under review. In the visit reports from March 2014, July 2014, and most recently, December 2014, [REDACTED] includes a diagnosis of cognitive impairment. Unfortunately, there is no information within the reports describing the impairments or indicating the need for a "cognitive study". Without sufficient information to substantiate the request, the request for a cognitive study/evaluation, is not medically necessary.