

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0018903	<b>Date of Injury:</b>	06/27/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	"CLOSED HEAD INJURY WITH POST CONCUSSION SYNDROME WITH COGNITIVE IMPAIRMENT"		

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
 Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurologist, has a subspecialty in Fellowship Trained in Neuro-Oncology and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

The patient is a 48 year old male who reported an injury on 06/27/2012. The mechanism of injury was stated to be the patient was a pulling wooden pallet off of his truck and the roll-up door came down and hit the patient in the head. The patient has a diagnosis of closed head injury with post-concussion syndrome with cognitive impairment, balance impairment and suggestion of speech impairment. The patient is noted to have symptoms that include headaches, vestibular dysfunction, neuralgia, chronic pain, insomnia, cognitive disorder, fatigue, depression and PTSD. The patient has been treated with therapy and medications. The plan included Psychometric Testing.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Psychometric Testing is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Mental Illness & Stree Chapter, Psychological Evaluations, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Guidelines do not address psychometric testing. Official Disability Guidelines indicate psychometric testing is very important in the evaluation of chronic complex pain problems and that only those with complex or confounding issues need to be evaluated using psychometric testing. The clinical documentation submitted for review indicated the patient had a psychological consultation on 05/07/2013 through which the battery of testing included assessing the patient's memory, attention, processing, emotional, intellectual, and personality functioning. The issue of brain organicity, areas of conflict, general cognitive and social functioning was noted to be explored. The psychological testing data were noted to be taken into consideration when the physician opined medical legal opinions including diagnosis, disability, causation, apportionment, work restrictions, future treatment, and prognosis. The patient was noted to have been evaluated by [REDACTED]. The DSM IV-TR diagnoses were stated to be Axis I: major depressive disorder single episode mild; Axis II: post-traumatic stress disorder chronic; Axis III: insomnia related to post-traumatic stress disorder and chronic pain; Axis IV: stress-related psychological responses affecting general medical condition, gastrointestinal disturbances, high blood pressure, and headaches; Axis V: mental disorder not otherwise specified due to head trauma; Axis VI: cognitive disorder not otherwise specified. The psychological testing was noted to have taken place on 04/09/2013 and 05/07/2013. It was noted this complex psychological testing battery was administered for diagnostic purposes, as well as to thoroughly explore the issues of personality, cognition, malingering, and/or exaggeration. The patient was noted to have a clinical interview, review of records, medical and psychiatric symptom checklist, Beck Anxiety Inventory, Beck Depression Inventory II, Raven's Standard Progressive Matrices Test, Minnesota Multiphasic Personality Inventory-II, Adult Neuropsychological Questionnaire, and the House-Tree-Person Test along with the physician's interpretation. The summary of the results revealed the patient was administered a comprehensive battery of psychological testing to help in the diagnosis of possible emotional and psychological disturbances. It was noted during the pretest session and the testing session with the psychologist that the patient's mood was anxious and sad and the patient showed no impairment in the production of speech or thought process. The result of the psychological testing indicated that the patient was experiencing clinical symptoms of anxiety and depression and the patient's intellectual functioning appeared not to be impacted by the current set of symptoms and it was noted the patient may be experiencing neuropsychological disturbances. The examination on 06/18/2013 per [REDACTED], MD revealed that the physician was going to request authorization for formal psychometric testing to determine the exact degree of nature of cognitive impairment. The clinical documentation submitted for review indicated the patient had general cognitive and social functioning, as well as brain organicity and areas of conflict testing, as well as memory, attention processing, emotional, intellectual, and personality functioning testing per the documentation of 05/07/2013 and failed to provide necessity for additional testing. The clinical documentation submitted for review lacked exceptional factors to warrant additional testing. Given the above, the request for psychometric testing is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]  
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