

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested neuropsychological screening **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/17/2013 disputing the Utilization Review Denial dated 3/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested neuropsychological screening **is not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Psychiatrist who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 19, 2013.

“This 26 year old male freezer loader was reportedly injured with electricity: right arm, brain on 2/28/13. The medical provider is stating that there is a concern for cognitive deficit. A brain MRI was approved. There has been no psychiatry nor neurology evaluation, nor even rudimentary office cognitive screening. On 3/1/13, the doctor noted “no loss of consciousness” and no cognitive issue was identified. On 3/11/13, the doctor noted, under exam: “cognitive-patient in distress.” Request: neuropsych screening.”

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 4/17/13)
- Utilization Review from [REDACTED] (dated 3/12/13)
- Approval for Requested Services from [REDACTED] (dated 3/4/13, 3/15/13)
- Medical Records from [REDACTED] (dated 3/5/13 - 5/10/13)
- Doctors First Report and Medical Records from [REDACTED] (dated 3/1/13)
- Medical Records from [REDACTED] (dated 3/19/13, 4/2/13, 4/9/13)

- MRI Brain without Contrast Report from [REDACTED] (dated 3/27/13)
- Official Disability Guidelines (ODG) (2009), Head Chapter, Neuropsychological Testing Section

1) Regarding the request for neuropsychological screening:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Head Chapter, Neuropsychological Testing Section because they found that American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) of the Medical Treatment Utilization Schedule (MTUS) did not apply to the employee's circumstances. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On February 28, 2013 the employee was injured as a result of an electric shock received from a forklift battery charger. The shock threw the employee back, head hitting the forklift slightly, but no loss of consciousness. Pain, numbness and tingling were experienced in the right arm. A progress report by the provider dated 3/11/13 stated the employee was experiencing poor memory, headaches, and difficulty sleeping. A magnetic resonance imaging (MRI) study was performed on 3/27/13 with normal findings. A request for neuropsychological screening was submitted.

ODG recommends neuropsychological testing for "severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate." Upon review of the medical records there was no reported loss of consciousness, evidence of a concussion or traumatic brain injury. It was unclear whether the reported loss of sleep was a result of emotional and/or neurological problems. The requested neuropsychological screening **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.