

Case Number:	CM13-0001525		
Date Assigned:	05/02/2014	Date of Injury:	09/27/2007
Decision Date:	06/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 year old male who was injured on 9/17/2007. The diagnoses listed are chronic neck pain and headache. There is associated history of severe depression. There was a remote history of possible traumatic brain injury and addiction to alcohol and narcotics. Although the patient was treated by successful inpatient detoxification, he has admitted to continual use of non-prescribed hydrocodone from his disabled wife medication supplies. The current medications are Suboxone for pain/opioid addiction and Zyprexa and Paxil for depression. The patient is also participating in addiction counseling and meditation treatments at [REDACTED] office. A UDS on 6/6/2013 was negative for prescribed Suboxone but positive for non-prescribed hydrocodone and diazepam. The patient completed physical therapy and cervical epidural steroid injections. A Utilization Review decision was rendered on 7/5/2013 recommending non certification of Neuropsychiatry Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCH TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Guidelines indicated that neuropsychiatry testing can be useful in the evaluation of functional status in patients with cognitive deficits. The Official Disability Guidelines (ODG) recommends the test in patients with severe traumatic brain injury to quantify the neurological deficits, functional status and evaluate the differential diagnosis of cognitive dysfunction. In this case, despite the remote history of mild traumatic brain injury, this patient has a normal cognitive functioning capacity. The patient is the care giver for their disabled wife. The patient completes all the household chores with no difficulty. The patient has a significant history of ongoing severe depression and opioid addiction. Additionally, the patient is still utilizing non prescribed hydrocodone and diazepam despite being on Suboxone treatment. The severe depression and ongoing addiction is best managed in a psychiatry and addiction specialist treatment program not neuropsychiatry testing. Therefore, the request for Neuropsych testing is not medically necessary and appropriate.