

<b>Case Number:</b>	CM13-0015503		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Psychology 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 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 claimant is a 46-year-old male (██████████) with a date of injury of 6/10/08. The claimant sustained multiple orthopedic injuries as well as a traumatic brain injury when he slipped and fell from the roof approximately 18.5 feet above, hitting a trailer and then landing on the concrete. He sustained these injuries while working as a foreman for Donohoo Roofing. In his PR-2 report dated 7/29/14, ██████████ diagnosed the claimant with: (1) S/P fall injury with fractures of the right wrist, left shoulder with reconstruction, loss of consciousness with traumatic brain injury; (2) Blurry vision since his accident; (3) Neck pain, MRI of the cervical spine dated 8/2/12 showed degenerative changes at C3-C4, C4-C5, and C5-C6; (4) Thoracic and low back pain aggravated by recent motor vehicle accidents. MRI of thoracic spine dated 8/2/12 showed minor diskogenic changes without protrusion or extrusion; (5) Bilateral shoulder pain, worse on left side; (6) Depression and insomnia secondary to chronic pain issues; and (7) Negative electrodiagnostic studies of bilateral upper extremities, August 2012. In a neuropsychological evaluation conducted by ██████████ in November 2013 (subsequent to the requests being reviewed), the claimant was diagnosed with Mild Neurocognitive Disorder Due to Traumatic Brain Injury and Adjustment Disorder, With Mixed Anxiety and Depressed Mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROPSYCHOLOGICAL TESTING:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**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.

**Decision rationale:** The CA MTUS does not address the use of neuropsychological testing therefore, the Official Disability Guideline regarding neuro[psychological testing will be used as reference for this case. Based on the review of the medical records, the claimant is status post traumatic brain injury and has been experiencing not only chronic headaches since his injury, but exhibiting cognitive deficits and emotional/behavioral symptoms as well. The medical records provide relevant evidence to support the need for a neuropsychological evaluation, which always includes neuropsychological testing. Since the neuropsychological evaluation is warranted, so is the adjunctive neuropsychological testing. As a result, the request for "NEUROPSYCHOLOGICAL TESTING" is medically necessary.

**NEUROLOGY EVALUATION AND TREATMENT FOR HEADACHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

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

**Decision rationale:** The CA MTUS does not address the specific referral for and the follow-up treatment from a neurologist therefore, the Official Disability Guidelines regarding office visits and physical medicine treatment will be used as reference for this case. Based on the review of the medical records, the claimant has been complaining of chronic headaches for quite some time in which medications do not appear to be alleviating. He is post TBI and in need of a current neurology consultation/evaluation. Although the medical records provided for review provide evidence to support the request for a neurology evaluation, without the consultation report, follow-up treatment cannot be determined. As a result, the request for "NEUROLOGY EVALUATION AND TREATMENT FOR HEADACHES" is not medically necessary. It is noted that the claimant did receive an authorization for a modified neurology evaluation only from this request.

**NEUROPSYCHOLOGIST FOR CONSULTATION AND TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**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 Chapter.

**Decision rationale:** The CA MTUS does not address the issue of neuropsychology evaluation and treatment therefore, the CA MTUS guideline regarding office visits and the Official Disability Guideline regarding the use of cognitive therapy for head injuries will be used as reference for this case. Based on the review of the medical records, the claimant is status post traumatic brain injury and has been experiencing not only chronic headaches since his injury, but exhibiting cognitive deficits and emotional/behavioral symptoms as well. The medical records provide relevant evidence to support the need for a neuropsychological evaluation. However, the request for further treatment is premature. Without the evaluation and its recommendations, the request for follow-up treatment cannot be substantiated. As a result, the request for "NEUROPSYCHOLOGIST FOR CONSULTATION AND TREATMENT" is not medically necessary. It is noted that the claimant did receive an authorization for a modified neuropsychological consultation only, which was subsequently completed by [REDACTED] on 11/26/13.