

Case Number:	CM13-0020873		
Date Assigned:	10/11/2013	Date of Injury:	09/07/2010
Decision Date:	01/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 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. 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:

This case involves a 63 year old male truck driver who sustained a slip and fall injury on September 7, 2010. The patient has suffered from neck pain, back pain, anxiety, depression and right plantar fasciitis. The patient has had severe functional debilitation. He has received extensive evaluations from a variety of disciplines. At issue is whether neuropsychological testing should be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological evaluation and testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter..

Decision rationale: The CA MTUS Chronic Pain Treatment guidelines do not address neuropsychological testing. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) does not address neuropsychological testing either. The Official Disability Guidelines do address neuropsychological testing, but only in the section on the head, and only for head injuries including concussion and mild traumatic brain injury.

The medical records provided show no evidence of concussion or traumatic brain injury for this patient. As such the guidelines do not recommend neuropsychological testing for this patient. The request for neuropsychological testing is not medically necessary and appropriate.