

<b>Case Number:</b>	CM13-0022577		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 45 yo female who sustained a work related injury on 09/10/2010 when she had a breakdown at work due to what she described as ongoing mistreatment and harassment by her co-workers. She fainted at work which resulted in back, neck and shoulder pain. She developed psychological symptoms with physical pain, disability, and depressive emotional complications with anxiety, irritability, insomnia, and difficulty concentrating. She has been diagnosed with depression and anxiety related to the work injury. She has been evaluated by a psychiatrist, and neurologist. Her pain is controlled with Percocet On exam she has problems with short-term memory and finding words. Her cranial nerves are normal. She was noted to have 3/5 strength in the left arm. There is decreased sensation in C6-7 and C8 as well as L4 and L5 on the left. Deep tendon reflexes are 2/4 and symmetric throughout. The treating provider has requested assessment of the claimant's cognitive complaints and neurological testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assessment for Cognitive Complaints:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**Decision rationale:** The documentation indicates the claimant has depression and anxiety related to her work related injury. She is under the care of a psychiatrist and is on medical therapy with Atarax, Xanax, and Wellbutrin. Psychological evaluation and assessment of cognitive complaints is recommended for appropriately identified patients during the treatment of chronic pain. The patient has had previous psychological evaluations and her issues with depression and anxiety have resulted in demonstrable short-term memory and word finding issues. Quantification as to the degree of her cognitive deficits is medically warranted. Medical necessity for the requested service has been established. The requested treatment is medically necessary.

**Neuropsychological Testing:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**Decision rationale:** The requested neuropsychological testing is medically necessary. The claimant has documented work- injury related depression and anxiety with cognitive deficits. A neuropsychological evaluation can help in narrowing the differential diagnosis of cognitive dysfunction, choosing treatments, and evaluating the efficacy of an intervention on an ongoing basis. In patients with documented neurologic disorders, information from neuropsychological assessment can define the patient's functional limitations or residual cognitive strengths. Proper use of neuropsychological assessment can improve the quality of care. A referral for neuropsychological assessment is appropriate whenever there is doubt about a patient's cognitive functioning or competency. Medical necessity for the requested neuropsychological testing has been established. The requested service is medically necessary.