

Case Number:	CM13-0045163		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2011
Decision Date:	06/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Neurology and is licensed to practice in Texas. 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 injured worker is a 60-year-old female who sustained injuries to her left wrist and head on 06/03/11 when she was standing on top of the table, she slipped and fell while trying to get down. She hit her head and was not unconscious for a few seconds. A CT scan of the brain revealed no abnormalities. MRI of the brain revealed scattered non-specific white matter changes consistent with chronic microvascular ischemia, otherwise unremarkable. The injured worker has since reported headaches and memory dysfunction, including word finding difficulty. A request for neuropsychological testing was requested due to difficulty with word finding and forgetfulness.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGICAL TESTING FOR SPEECH AND MEMORY PROBLEMS:

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 (ODG) Head chapter, Neuropsychological testing

Decision rationale: The request for neuropsychological testing for speech and memory problems is not medically necessary. The previous request was denied on the basis that there was no documentation as to what specifically this testing would be. A request for information notice was sent to the requesting provider requesting the objectives of this testing. No additional information was received. Therefore, the request was not deemed as medically appropriate. The Official Disability Guidelines (ODG) states that for concussion/mild traumatic brain injury, comprehensive narrow psychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would may appropriate. Given the clinical documentation submitted for review, medical necessity of the request for neuropsychological testing has not been established.