

Case Number:	CM13-0067000		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2011
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 patient is a 49-year-old male who reported injury on 03/14/2011. The mechanism of injury was a slip and fall from a roof to the ground, approximately 25 feet. The patient's pain was noted to be a 4/10 on the pain scale. The patient was noted to have no constipation and the same physical activity. The patient's diagnoses were noted to include post-concussive symptoms, cervical spine sprain/strain, lumbosacral spine sprain/strain, traumatic headaches, and symptom magnification. The request was made for a neuropsychological evaluation and treatment, an EEG and medication refills. The patient had an MRI of the brain on 11/10/2012 which revealed there were a few small T-2 hyperintensities in the deep white matter. The physical examination of 12/10/2013 revealed the patient was complaining of headaches and memory loss. The request for a neuropsychologist was due to the patient's headaches and memory problems. It was indicated the patient had never seen a neuropsychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGY EVALUATION AND TREATMENT FOR THE HEAD AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Introduction Page(s): 1.

Decision rationale: The MTUS Guidelines indicate that if a patient's complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the employee had an MRI with objective findings. The employee was noted to have continuing headaches. As such, the request for a neuropsychological evaluation would be supported. However, there was lack of documentation indicating what type of treatment was being sought. The treatment plan would be up to the neuropsychologist. Given the above, the request for neuropsychology evaluation and treatment for the head and cervical spine is not medically necessary.