

Case Number:	CM14-0103906		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 Child & Adolescent 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 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 male who was injured at work on 5/4/2010. He suffered a head injury, and was diagnosed with a traumatic brain injury and concussion. He later reported symptoms of neck pain, chronic headaches, and insomnia. He was later diagnosed with Cervicalgia, Headaches, Pain Disorder, and Insomnia. He has been referred to a rehabilitation program called "[REDACTED]". The 4/1/14 progress report stated that the injured worker scored 31 out of 38 on an unspecified test, with incomplete scores on math multiplication, differentiating between abstract and concrete ideas, and concentration/memory. There were no additional details of the name of the test, and any objective comparison with previous scores. As part of the preliminary work-up, the treating physician has recommended that the injured worker undergo a behavioral health evaluation. Neuropsychological testing with clinical coordination up to 20 hours has also been requested. He continues to work full time as an airline mechanic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Psychological Evaluation/Clinical Coordination up to 20 hrs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS guidelines indicate that psychological evaluations are recommended diagnostic procedures for the assessment of selected use in pain problems, and also in chronic pain populations. These evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide the treating physician with a better understanding of the individual in their social environment, thus allowing for more effective rehabilitation. The injured worker's treatment plan involves referring him to a rehabilitation program called "[REDACTED]". In order to proceed with this referral, the injured worker requires a psychological or psychiatric evaluation. The accompanying documentation does not include any clinical mental health evaluations, any listing of mental health symptoms, any cognitive deficits, any functional impairment, or any symptoms which can corroborate the given diagnosis of post-concussion syndrome. There is a score listed of 31/38 in an unnamed test, but without comparison of this score to previous premorbid/baseline scores, the significance of this score is unclear, and it does not provide compelling evidence of any significant cognitive difficulty, especially since the injured is still working full-time. In the absence of this important clinical information, there is no clear rationale for requesting rehabilitation, and therefore, no rationale for the need for preliminary neuropsychological testing. Neuropsychological testing is a more intensive and time-consuming testing procedure than regular Psychological testing, and is only appropriate when there are documented objective signs of cognitive deficits, functional impairments, neurological symptoms, or mental health symptoms which require special clarification or are too complex for a regular outpatient psychological evaluation to elucidate. There is no objective documentation indicating that any of these factors is present here. The injured worker does not have a formal mental health diagnosis, aside from Pain Disorder, and he has none of the aforementioned indicators for Neuropsychological testing. Therefore, based on the documentation provided, there is no medical necessity for the request for Neuropsychological Evaluation/Clinical Coordination up to 20 hours.