

<b>Case Number:</b>	CM14-0011404		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational Medicine 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 patient is a 48-year-old male who has submitted a claim for posttraumatic headache, sprain of the neck, and lumbago associated with an industrial injury date of December 10, 2012. The medical records from 2013 to 2014 were reviewed. The patient complained of chronic frontal and occipital headaches, neck pain, back pain with radiation to the right calf. Physical examination showed item recall positive for one item remembered out of 3 and palpation of the greater occipital nerves at the nuchal reflection bilaterally reproduces the patient's headache symptoms. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), amitriptyline, muscle relaxants, and nerve blocks. A Utilization review from January 26, 2014 denied the request for specialist referral for neuropsych evaluation with [REDACTED] due to lack of documentation as to specificity of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPECIALIST REFERRAL FOR NEUROPSYCHE EVALUATION WITH [REDACTED]**  
[REDACTED]: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 127 & 156.

**Decision rationale:** According the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was noted to complain of chronic frontal and occipital headaches, as well as forgetting conversations and activities done, documented in the 10/21/13. However, no more details were provided, such as the date of onset, what conversations and activities the patient was forgetting, nor did the medical report document difficulties conversing with the patient. The 12/9/13 and 1/6/14 medical reports made no mention of these complaints in the subjective complaints; however, the 1/6/14 medical report stated as an addendum, that the patient's complaints warrant a neuropsych evaluation. The 12/9/13 report also states that the patient "continues to work full-time duty." All three reports include identical mini-mental status exams which were within normal limits except for recalling only 1 of 3 items (though not stating what items these were). These three medical reports were provided by a PA-C; there is no evidence that the supervising physician ever evaluated the patient himself. In addition, the physician advisor report dated 11/12/13 states that the patient had been previously evaluated by 2 neurologists, and failed the follow-up appointment with the second neurologist. The neurologists' reports were not provided for review to determine if their medical history and exam findings supported the medical necessity for a neuropsych evaluation. Therefore, the request for specialist referral for neuropsych evaluation with [REDACTED] is not medically necessary.