

<b>Case Number:</b>	CM14-0135630		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 47 year old male who suffered a shoulder injury on 4/27/2010. He had been on Lunesta but in 2012 a psychiatrist recommended that it be stopped and Pristiq and Trazodone or Seroquel be started. Current medications include Trazodone, Lorazepam and Xanax. His diagnosis is Anxiety Disorder NOS (Not Otherwise Specified). The patient has complained of short term memory and has a history of falling. The provider is requesting a Microcog test for falling down. Coverage for this has been denied due to lack of medical necessity. This is an independent review of the denial of coverage for the Microcog test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Microcog Testing For Falling Down (Right Shoulder):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment of Patients With Alzheimer's Disease and Other Dementias, Second Edition, APA, October 2001.

**Decision rationale:** The records do not indicate any objective evidence of cognitive impairment. Although the patient has complained of short term memory loss, there is no indication that a comprehensive neuropsychiatric mental status exam or mini mental state has been performed to ascertain if further workup is indicated. The patient is on two different benzodiazepines, which are implicated in cognitive impairment and falls. ACOEM, MTUS and PDG are silent in regards to use of the Microcog testing. The above cited guideline does not specifically indicate this test for evaluation of cognitive impairment and indicates withdrawal of medications which can cause CNS sedation as a strategy for fall prevention. The data reviewed in sum do not support the Microcog testing either as a first line means for assessing cognitive impairment or for preventing falls. This test therefore should not be considered as being medically necessary according to clinical research; current evidence based best practice standards and expert consensus as set forth in the APA practice guidelines. Therefore, the request for Microcog Testing for Falling Down (Right Shoulder) is not medically necessary and appropriate.