

Case Number:	CM14-0139861		
Date Assigned:	09/08/2014	Date of Injury:	07/08/2006
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 48 year old male with a date of injury on 7/8/2006. Diagnoses include traumatic brain injury, and major depressive disorder. Subjective findings are of moderate to severe memory problems, depression, and problems with his relationship with his wife. Objective exam shows a beck depression inventory of 42 indicating severe depression. Medications include Lansoprazole, Duloxetine, Lyrica, Amitriptyline, and Maxalt. Patient had prior neuropsychological testing certified in 12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGICAL EVAL: 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, NEUROPSYCHOLOGICAL TESTING

Decision rationale: The Official Disability Guidelines (ODG) recommends neurocognitive testing for severe traumatic brain injury, but not for concussions. For concussion/ mild traumatic brain injury, comprehensive neuropsychological testing is not recommended during the first 30

days post injury. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinician. For this patient, while there is history of injury to the head or brain, the patient has recently undergone neuropsychological assessment with testing and there has been no significant change in symptoms since then. Therefore, the medical necessity for additional neurocognitive testing is not established at this time.