

Case Number:	CM14-0157977		
Date Assigned:	10/01/2014	Date of Injury:	12/15/1999
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 clinical psychology 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:

According to the records provided for this IMR this patient is a reported an industrial/occupational injury that occurred on December 15, 1999 when she had a needle stick injury that resulted in HIV/HEP C, there is also a notation that the patient reported a fall that occurred in 2007 and reportedly contributed to cognitive difficulties. Treatment progress note from May 2013 from primary treating physician patient is feeling better and tolerating her medications and is at a new work site with less stress and she is better able to concentrate and believes she is able to work at 70% of her capacity. Treatment progress note from September 11, 2013 by her primary treating physician mentions the patient's main concern is progressive neurocognitive changes particularly short-term memory loss, word finding difficulties with chronic headache and increased irritability. HIV disease is described as stable with viral load undetectable and good CD4 count. Treatment progress note dated February 2014 notes that the patient is positive for chronic hepatitis C and HIV, that she is tolerating her HIV medications well without any problems and reports 100% compliance. She reports significant fatigue and is anticipating starting HCV therapy. She reports being concerned about a change in cognitive skills and personality which she is attributing to both HIV and a fall that occurred in 2007 that resulted in a C1 fracture. She has noted that there has been improvement since taking some time off work the problem is not resolved completely and is due to restart teaching and May 2014. A request for "neurological assessment was made due to decrease in cognition and personality change. The request was not approved in early September 2014. The UR rationale for not approval was stated that: appropriate clinical data on current medical status is not provided and that "this is usually done with a neurobehavioral status exam (96116) which her PTP stated he would will seek approval for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological testing by a computer with administrator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 307. Decision based on Non-MTUS Citation American Academy of Clinical Neuropsychology. (2007): Practice guidelines for Neuropsychological assessment and consultation. The Clinical Neuropsychologist, 21, 209-231; p. 219

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two, Behavioral Interventions, Psychological Evaluation v Page(s): 100-101.

Decision rationale: The MTUS guidelines are non-specific for this request. The ODG does address it and states that it is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mild TBI. Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The computer-based programs...may have advantages over paper-and-pencil neuropsychological... application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation. Although Neuropsychological testing (NT) is fully sported with patients diagnosed with TBI the guidelines are non-specific with respect to persons with HIV. This does not preclude the use of NT but there needs to be current and objective indications of the need. With respect to this patient, the documentation that was provided with the request for NT is insufficient and not current. The most recent information with regards to this request dates back to February 2014. At that time no objective data (for example a mental status exam) was not included to document any deficits. Also the patient reported a significant improvement in her functional abilities to 70% following stress reduction. Prior to authorizing a comprehensive neuropsychological evaluation, which is a very detailed and lengthy report, there should be at least some preliminary objective data presented to justify the medical necessity of a full neuropsychological evaluation. The medical necessity of this procedure is not substantiated with current and objective data objective data.