

<b>Case Number:</b>	CM14-0158054		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 that were provided for this independent medical review, this 52-year-old female patient reported and industrial accident that occurred on December 15, 1999 when she had a needle stick that resulted in her contracting HIV/HEP-C. a second injury was noted in 2007 when she fell. Progress note from her primary treating physician from February 2014 states that she is tolerating her HIV medication well and reports 100% compliance but is having significant fatigue and is anxious to start her HCV therapy. The note continues to discuss that she is experiencing a change in her cognitive skills and personality which she attributes and a fall that occurred in 2007 that resulted in a subsequent C-1 fracture. She notes some improvement after taking time off of work, however the problems have not resolved completely and she is getting more concerned if she is due to start teaching again in a few months. A review of systems reported "no neurological symptoms, and no psychological symptoms." Her HIV status reflected and undetectable viral load and a good and stable CD4 count. No additional medical records were provided in support of the requested treatment. A request for "Neuropsych-psychometrist 5 hours was made and non-certified."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsych-psychometrist for five hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Testing Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Topic Neuropsychological Testing.

**Decision rationale:** The CA-MTUS is nonspecific with respect to neuropsychological testing. The official disability guidelines chapter on head injury recommends neuropsychological testing 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." 26 pages of medical records were received for this IMR only a few of contained unique clinical information and virtually none regarding this requested treatment. There was no evidence of a severe traumatic brain injury, nor was there evidence of a concussion or traumatic brain injury. It was mentioned that there was a fall that occurred in 2008 but there was no mention of any head injury that resulted from it or if the patient's head was involved. There was no diagnosis of HIV-related brain disturbance/dysfunction. There was no objective supporting data other than the patient mentioning her concerns. A mental status exam was not included to support the request, there was no objective measures or screening as an initial step that would provide data to support the request. The request does not meet the criteria for "properly identified patients." The reported neurological symptoms were vague and a review of symptoms showed no neurological abnormalities. The medical necessity of a comprehensive neuropsychological evaluation is not supported by the documentation provided and therefore the original utilization review decision is upheld. Therefore, the request for a neuropsych-psychometrist for five hours is not medically necessary or appropriate.