

Case Number:	CM14-0166892		
Date Assigned:	10/14/2014	Date of Injury:	05/22/2012
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

Injured worker is a 33 year old female with date of injury 6/22/2012. Date of the UR decision was 9/8/2014. She was diagnosed with closed head trauma, acute cervico-thoracic strain, Acute lumbar strain and Bilateral wrist strain. Report dated 09/15/2014 suggested that the injured worker presented with pain in Cervical spine, lumbar spine, left shoulder, left knee and left ankle. She rated her pain at 8/10, 10 being worst. It was suggested that authorization for the neuropsychologist consult was pending as well as the status for the MRI of the lumbar spine. Physical examination included examination of cervical, thoracic, lumbar spine and bilateral shoulders. The examination did not include any psychological disorders or neurologic dysfunction/cognitive disorders associated with the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neuropsychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: The AECOM guidelines state "Consider specialty referral if persistent symptoms are not consistent with clinical findings. In general, neuropsychological testing is not indicated early in the diagnostic evaluation. Rather, it is most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits. The submitted documentation lists the diagnosis of closed head trauma, however the examination did not include any psychological disorders or neurologic dysfunction/cognitive disorders associated with the brain. The request for 1 Neuropsychological consultation is not medically necessary.