

Case Number:	CM14-0178042		
Date Assigned:	10/31/2014	Date of Injury:	09/19/2012
Decision Date:	12/16/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 licensed in Psychologist and is licensed to practice in Utah. 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:

This is a 57-year-old female with a 9/19/12 date of injury, when she fell and struck the head on a chair. The patient was seen on 10/1/14 for a neurological evaluation. The patient complained of on and off headaches, dizziness, decreased short-term memory and concentration, foggy feeling and forgetfulness. Exam findings revealed that the patient was depressed, the mini mental score was 25/30 and the neurological examination remained unchanged. The diagnosis is status post fall with blunt head trauma, status post traumatic head syndrome, depression and anxiety. MRI of the brain dated 10/31/13 revealed: age-related involutinal change, periventricular white matter ischemic change and cavum septum pellucidum incidentally noted. Treatment to date: work restrictions and medications. An adverse determination was received on 10/21/14. The request was partially certified to approve a neuropsychological testing administered by a neuropsychologist and the computerized cognitive testing was denied for an unknown reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Evaluation ML 104: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head: Neuropsychological Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter Neuropsychological testing

Decision rationale: CA MTUS does not specifically address this issue. ODG states that Neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. 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 Traumatic Brain Injury (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/mTBI. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. 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 Immediate Postconcussion Assessment and Cognitive Testing (ImPACT), CogSport, Automated Neuropsychological Assessment Metrics (ANAM), Sports Medicine Battery, and HeadMinder may have advantages over paper-and-pencil neuropsychological tests such as the McGill Abbreviated Concussion Evaluation (ACE) and the Standardized Assessment of Concussion (SAC). However, the request was for a neuropsychological evaluation to determine if the patient had cognitive impairment and/or mood disorder; the requesting physical did not specify if the test should be done by a neuropsychologist or should be computerized. In addition, the UR decision dated 10/21/14 certified the request for a neuropsychological testing administered by a neuropsychologist. Therefore, the request for Neuropsychological Evaluation ML 104 is not medically necessary.