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| <b>Case Number:</b>   | CM14-0021839 |                              |            |
| <b>Date Assigned:</b> | 05/05/2014   | <b>Date of Injury:</b>       | 03/19/2013 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2014 |

### 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 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 independent medical review this patient is 29 year old male who reported an industrial/occupational work-related injury on March 19th 2013. Reportedly at the time of the injury a tire fell on his head from a height of 10 to 12 feet. He had an instant lightheadedness, nausea, neck pain with partial loss of loss of memory for events over the hours of the injury. Subsequent to the injury he has had persistent headache, neck pain, light/sound sensitivity, balance difficulty, and difficulty with memory/cognition and focus. A request for neuropsychological testing was non-certified; this independent medical review will address a request to overturn the treatment denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NEUROPSYCHOLOGICAL TESTING:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions: Psychological Evaluations Page(s): 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress psychological evaluations (Update: June 2014) and Head chapter (2009) traumatic brain injury section.

**Decision rationale:** The MTUS guidelines are non-specific regarding the use of Neuropsychological Assessment. According to the ODG guidelines, head chapter, traumatic brain injury section indicates that Neuropsychological testing is recommended for severe traumatic brain injury but not for concussions. In the case of concussion/mild traumatic brain injury, if symptoms persist beyond the first 30 days post-injury testing would be appropriate. The decision to deny treatment was based on the fact that this patient does not have any diagnosis specified of any form of head injury in the paperwork provided. I agree that this is correct; however it seems reasonable that a tire falling on his head would have produced some form of head injury even if one has not been formally diagnosed or if it has it was not included in the documents. More than 30 days have passed and the patient remains symptomatic despite having received conventional medical interventions and assessment. Based on the ODG guidelines psychological evaluations page 39 (June 2014 update) and MTUS psychological evaluations are generally well accepted well established, diagnostic procedures not only was selected use in pain problems but with more widespread use in such acute and chronic pain populations. Neuropsychological testing is a form of psychological testing and in this case such an evaluation would be appropriate and appears to be medically necessary and within the guidelines thus the request to overturn the non- certification of one neuropsychological testing is approved.