

Case Number:	CM14-0037475		
Date Assigned:	06/04/2014	Date of Injury:	05/13/2013
Decision Date:	07/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The claimant is a 63 year-old female with a date of injury of 5/15/13. The claimant sustained injury when she fainted/lost consciousness and fell onto her knees. She also injured the left side of her face/jaw on a box. The claimant sustained this injury while working as a deli worker for [REDACTED]. In his Initial Neurological Evaluation Report and Request for Authorization dated 12/13/13 and in his Report of Neurological Re-Evaluation and Request for Authorization dated 2/18/14, [REDACTED] offered the following impression: (1) Status post fall with facial contusion; (2) Cervicogenic headaches; (3) Post traumatic head syndrome; and (4) Status post right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGY EVALUATION (MEMORY ASSESSMENT): Overturned

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

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.

Decision rationale: The California MTUS does not address the use of neuropsychological testing; therefore, the Official Disability Guideline regarding the use of neuropsychological

testing will be used as reference for this case. Based on the review of the medical records, the claimant fainted and sustained injury not only to her knees, but to the left side of her face/jaw. Since that time, the claimant has experienced headaches, dizziness, nausea, decreased short-term memory, feelings of being foggy, and forgetfulness. She has completed imaging tests as well as neurological assessments. It is recommended by neurologist [REDACTED] that the claimant should complete a thorough neuropsychological assessment in order to assess memory/cognitive impairment as well as a possible mood disorder. The guideline indicates that 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. Given that the claimant lost consciousness on the date of her work-related injury and she has continued to experience the above mentioned symptoms over one year later, the request is medically necessary.