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| Case Number: | CM14-0051357 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/09/2010 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 42 year old female with a date of injury of 9/9/10. The claimant sustained an injury as the result of repetitive movements while working for [REDACTED]. In his 5/27/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Chronic neck pain with cervical spondylosis, C4-5, C5-6, and C6-7 discs with the most dignificant finding at C5-6 of a 2.5 mm disc protrusion based on MRI from 12/2/10; (2) Right hand numbness with normal EMG and nerve conduction studies per patient; (3) Chronic pain syndrome with depression; (4) Multiple myofascial tender points with diagnosis of fibromyalgia as per [REDACTED]; (5) Probable depression; and (6) Status post occipital nerve block at UCLA with improvement in her headaches. In his Psychological Consult Summary Report/Psychological Periodic Progress Report dated 3/25/4, [REDACTED] diagnosed the claimant with: (1) Pain associated with both psychological factors and a general medical condition; (2) chronic pain syndrome with depression; (3) insomnia; and (4) generalized pain sensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological testing x 14: 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 Procedure Summary.

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 CA 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, there is insufficient documentation demonstrating the need for neuropsychological testing, let alone neuropsychological testing X14. Without adequate documentation, the need for neuropsychological testing cannot be determined. As a result, the request for Neuropsychological testing x 14 is not medically necessary.