

Case Number:	CM14-0068181		
Date Assigned:	07/14/2014	Date of Injury:	03/05/2013
Decision Date:	08/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 Neurology and is licensed to practice in Texas, Massachusetts and Oklahoma. 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 injured worker is a 61-year-old male who reported injury on March 05, 2013. The mechanism of injury was not provided. The documentation of April 14, 2014 indicated the injured worker was seen for re-evaluation on April 14, 2014. The injured worker was noted to state he felt about the same. The injured worker had confusional episodes. The injured worker recently had an episode that involved an entire day of him not knowing where he was. The headaches and neck pain remain the same. The injured worker indicated that the crawling sensation in the leg was better since he started Mirapex. The treatment plan included a neuropsychological testing to try to document any cognitive dysfunction. The mechanism of injury was the injured worker was standing on the top of a forklift when his foot became stuck, causing him to lose his balance. The injured worker fell backwards, falling four and a half feet down and broke his fall with his left hand and wrist. The injured worker was noted to then fall backwards, landing on his back, and strike his head on the concrete. The documentation indicated the injured worker was evaluated for a neurological consultation on April 03, 2013 for complaints of headaches, neck pain, episodes of vertigo, left wrist pain, low back pain, slight memory loss, and depression. The diagnosis included head injury, cervical strain, posttraumatic muscle contraction headaches secondary to the head injury, and cervical strain. An MRI of the brain and EEG were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological evaluation and testing for problems related to head, neck, and lumbar spine injury as an outpatient: 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), Integrated treatment/disability duration guidelines. Head (trauma, headaches, etc., not including stress & mental disorder) (updated 03/28/14).

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: The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury but not for concussions unless symptoms persist beyond 30 days. For concussion and/or 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. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the brain and EEG testing. The results of the testing were not submitted for review. Given the above, and the lack of documentation, the request for neuropsychological evaluation and testing for problems related to the head, neck, and lumbar spine as an outpatient is not medically necessary.