MAXIMUS Federal Services

| Case Number: | CM14-0090964 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 02/28/2014 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

## 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 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 that were provided for this independent medical review, this patient is a 40-year-old female injured worker reported an industrial accident on February 28, 2014 while she was working as a teacher for 17 years for the [redacted]. The injury reportedly occurred when she was exposed to low levels of toxic black mold (Stachybtys) that was found inside of her classroom. The patient reported that since August 2013 at the beginning of the academic year that she was experiencing ongoing fatigue poor sleep quality and memory loss, fogginess of thought, and poor concentration. There's been difficulty with concentration and completing paperwork and certain tasks. She reports that her liver is not processing iron correctly and blood levels of iron remain abnormally high. She reports that there was a smell in the classroom because burning in her nasal passages. She reports fatigue, daily headaches, dementia, and liver problems as well as poor sleep, fogginess of thought, and poor concentration. She also reported severe abdominal pain. According to the utilization review rationale for non-certification of her requested treatment: neuropsychological testing, the patient has been referred to a neurologist but has not gone to the appointment as of the time of this request for an independent review and had a normal CT scan. A progress note from her primary treating physician dated April 22, 2014 states that she has been out the classroom on break and that she is "100% better" but was scheduled to return to work in a few days, and it appears that some symptoms returned subsequent to that report.

## 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) TWC Head Procedure Summary May 28, 2014.

**Decision rationale:** California Chronic Pain MTUS is nonspecific for this request; however, ODG-TWC states that with respect to neuropsychological testing for concussions/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. It does appear that the patient was exposed to toxic black mold and may have been over a prolonged period of time. Although the utilization review rationale for non-certification does make an accurate point stating that memory problems are not particularly caused by exposure to this toxic substance, a fair number of her other symptoms are possibly related to it. And even memory problems can result from difficulties with concentration and having "foggy" cognition. Some people have a heightened sensitivity to exposure to toxic chemicals while others are more resilient; given that the patient has a history of asthma and that it is well-controlled this may have further contributed to her reaction. It does appear this patient symptoms have persisted beyond 30 days, and while in general most symptoms that are a direct consequence of exposure to toxic mold will reverse after time, she continues to report symptoms that went away when she was out of the classroom in April but returned again after a while from her returning back into the classroom. The request for neuropsychological testing in this case is not unreasonable, and appears to be slightly medically necessary. The request is medically necessary.