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| Case Number: | CM14-0157902 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 12/15/1999 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old female with an industrial injury dated 12/15/1999. The injured worker's diagnoses include immunodeficiency disorder and Hepatitis C. In a progress note dated 02/21/2014, objective findings revealed stable vital signs, no pain, no acute distress, and systems were noted to be normal. The treatment plan consisted of medication management and referral for neuropsychological assessment due to decrease in cognition and personality change. The treating physician requested services for neuropsychological evaluation (8 Hours) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Evaluation (8 Hours): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuropsychological testing. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Neuropsychological testing "Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. 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." The patient was reported to suffer from not well characterized cognitive dysfunction that could be related to his HIV infection. The patient was also reported to have a fall on 2007 however it is not clear if the patient developed concussion or traumatic brain injury. There is a need for neurobehavioral status examination to give more information about the patient cognitive deficit before requesting. There is no rationale from requesting Neuropsychological testing. Therefore, the request for Neuropsychological Evaluation (8 Hours) is not medically necessary.