MAXIMUS Federal Services

Case Number:	CM14-0163100		
Date Assigned:	10/08/2014	Date of Injury:	04/15/2009
Decision Date:	02/28/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old patient with date of injury of 04/13/2009. Medical records indicate the patient is undergoing treatment for s/p cervical facet rhizotomy, cervical myoligamentous injury with bilateral upper extremity radicular pain, lumbar myoligamentous injury with associated facet joint hypertrophy and right lower extremity radiculopathy, reactionary depression and anxiety and medication induced gastritis. Subjective complaints include improved neck pain, rated 5/10; low back pain radiating to bilateral lower extremities, rated 8/10; muscle spasms. Objective findings include cervical spine tenderness to palpation along posterior cervical musculature bilaterally, increased muscle rigidity along cervical paraspinal muscles, upper trapezius and medial scapular regions; tenderness along suboccipital regions bilaterally, decreased range of motion - forward flexion to 2 fingerbreadths from sternum, extension to 20; lumbar musculature tenderness bilaterally with muscle rigidity, numerous trigger points palpable and tender throughout lumbar paraspinal muscles, lumbar range of motion - forward flexion to level of knees, extension 10 degrees; decreased sensation. EMG of lower extremities dated 02/24/2012 revealed nerve root irritation at right L5 and S1 nerve root. Lumbar spine MRI dated 01/13/2012 revealed 5mm broad disc right paracentral disc protrusion with abasement of the right lateral recess with impression on the descending right S1 nerve root; at L2-3 there is 2-3mm disc protrusions and L3-4 and L4-5 with annular tear at L3-4 and L4-5. Treatment has consisted of surgical intervention, epidural steroid injection, EMG, Norco, FexMid, Ultram, Prilosec. The

utilization review determination was rendered on 09/12/2014 recommending non-certification of CE Neurocognitive Assessment x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CE Neurocognitive Assessment x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Guidelines for Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a Neurocognitive specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible".A neuro cognitive screening has already been performed and revealed no cognitive abnormalities. The treating physician has not detailed why additional neurocognitive testing is needed. As such, the request for CE Neurocognitive Assessment x1 is not needed at this time.