

Case Number:	CM14-0185359		
Date Assigned:	11/13/2014	Date of Injury:	06/10/2014
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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:

The injured worker is a 51 year-old male (██████████) with a date of injury of 6/10/14. The injured worker sustained an injury to his head, face, and pelvis when he fell off a steel beam and hit another with his head. The injured worker was taken by ambulance to the hospital. On June 10, 2014, the injured worker had a nerve conduction velocity test with the findings of normal results except for a mild slowing of the medial nerve on the right side, consistent with carpal tunnel syndrome. The injured worker was diagnosed with a traumatic brain injury with small subdural hematoma, facial fractures to include left frontal sinus, calvaria fracture, left orbital fracture, left maxilla fracture, left globe, exophthalmos, pelvic fracture to include bilateral and inferior rami fracture and right superior rami fracture and T9 compression fracture with no spinal cord involvement. According to the progress note of June 1, 2014, the injured worker was neurologically intact. The injured worker was admitted to the intensive care unit with a diagnosis of traumatic brain injury. The injured worker was given anti-seizure medication prophylaxis. June 11, 2014, neurosurgery saw the injured worker and suggested non-operative management. The neurosurgeon was waiting for a thoracic lumbar sacral brace to arrive. On June 13, 2014, the injured worker was seen by the ears, nose and throat surgeon for the facial fracture. Surgery was recommended. On June 14, 2014, the injured worker underwent facial reconstruction to repair fractures. According to the progress note of June 15, 2014 the injured worker continued on anti-seizure medication and remained stable from a neurology standpoint. On July 9, 2014 the injured worker was seen by orthopedic as a follow-up for the fractured pelvis. According to the progress note of September 9, 2014, the neurological report from the hospital noted a memory deficit. On October 13, 2014, Utilization Review denied a consultation with neuropsychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neuropsychologist: Overturned

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

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, Office visits, Neuropsychological Testing

Decision rationale: The California MTUS does not address the treatment of head trauma. As a result, the Official Disability Guideline regarding office visits as well as neuropsychological testing will be used as references for this case. Based on the review of the medical records, the claimant has been diagnosed with a traumatic head injury, which was sustained as the result of a work-related accident in June 2014. The claimant has been treated for facial fractures as well as pelvic injuries. He has been seen by a neurologist as well, but has yet to be evaluated by a neuropsychologist. The progress notes indicate slight memory issues but do not highlight any cognitive deficits thus far. Despite this, a consultation with a neuropsychologist would be highly beneficial given the fact that the claimant did sustain a closed head injury. As a result, the request for a consultation with Neuropsychologist is appropriate and medically necessary.