

Case Number:	CM14-0197929		
Date Assigned:	12/08/2014	Date of Injury:	03/03/2014
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain and post-traumatic headaches reportedly associated with an industrial injury of March 3, 2014. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for a neuropsychological analysis to test subjective memory complaints. The claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines and psychological counseling. The claims administrator stated that the reviewer was an "MD" in one section of its note but then later went on to identify the reviewer as a psychologist. The claims administrator cited an October 20, 2014 RFA forms and associated progress note in its denial. The applicant's attorney subsequently appealed. In a November 21, 2014 letter, the applicant's attorney appealed. The applicant's attorney also pointed out that the applicant was not, in fact, a licensed physician. On September 4, 2014, the applicant reported ongoing issues with headaches. The applicant apparently had issues with Parkinsonism for which she was consulting a neurologist, it was acknowledged. The applicant did appear appropriately alert and oriented to person, place, and time. The applicant's memory, speech, attention, and concentration were reportedly intact. The applicant did exhibit a normal gait. The applicant was given diagnoses of headaches, dizziness, concussion, and subjective memory complaints. It was stated that the applicant had not had sustained any overt loss of consciousness. Pamelor and Motrin were endorsed. The applicant was asked to discontinue Fioricet. It was stated that the applicant's headaches, memory problem, and dizziness were collectively improving. On July 21, 2014, the attending provider again noted that the applicant had issues with tremor suggestive of Parkinsonian. The applicant was asked to follow up with his personal neurologist for the same. On August 21, 2014, the applicant was asked to obtain chiropractic manipulative therapy, along with a lumbar MRI. On September 11, 2014, a lumbar

MRI was again re-requested for ongoing left lower extremity radicular complaints. Further chiropractic manipulative therapy was also endorsed. The applicant was reportedly working with limitations in place. The applicant exhibited an appropriate mood and affect; it was stated on this occasion. On October 22, 2014, the applicant was given a trigger point injection for ongoing complaints of low back pain. Further physical therapy was endorsed. The applicant was described as appropriately alert and oriented to person, place, and time. On October 28, 2014, the applicant reported that his headaches were improving. The applicant stated that he was having headaches approximately once a week. The applicant acknowledged that his memory was getting better but expressed concerns that he was not as sharp as he was formerly. The applicant requested that formal memory testing be done to make sure that he did not have any permanent deficits. The applicant's speech, concentration, attention, and memory strength were all intact. The applicant had a good fund of knowledge. The applicant was appropriately alert and oriented to person, place, and time. Cranial nerve testing was intact. Motrin and a neuropsychological analysis for memory and cognition complaints were endorsed. The attending provider stated that the applicant was approaching maximum medical improvement. On June 9, 2014, the applicant consulted an orthopedic spine surgeon. It was stated that the applicant was not working and had been given a work restriction of "no professional driving," effectively resulting in the applicant's removal from the workplace as a truck driver. Ongoing complaints of low back pain were reported. Chiropractic manipulative therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological testing for Subjective Memory Complaint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, neuropsychological testing is most useful in assessing functional status and determining workplace accommodations in applicants with stable cognitive deficits. In this case, however, the applicant has failed to return to work. The applicant was/is no longer working as a truck driver, it was suggested on at least one occasion, referenced above. Several of the applicant's other treating providers simply gave the applicant work restrictions from visit to visit but made no mention of whether or not the applicant was working or not. A June 9, 2014 progress note suggested that the applicant was not working with a rather proscriptive limitation of "no commercial truck driving." It is not clear how the proposed neuropsychological testing would influence the treatment plan here. The applicant's cognitive deficits do not appear to be stable as the applicant appears to have fluctuating issues with memory recall, likely a function of underlying parkinsonism. The neuropsychological analysis/neuropsychological testing at issue, thus, would seemingly be of little-to-no benefit in the clinical and vocational context present here. Therefore, the request is not medically necessary.