

Case Number:	CM14-0205040		
Date Assigned:	12/17/2014	Date of Injury:	08/14/2014
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab, 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 patient is a 38-year old male with date of injury 8/14/14. The treating physician report dated 12/2/14 (14) indicates that the patient complains of headaches, depression and suicidal ideation, right arm pain and numbness, neck pain, lower back pain with radiating symptoms down the left leg, insomnia, erectile dysfunction, gastrointestinal dysfunction, occasional urinary dysfunction and problems with his memory. The physical examination findings reveal that "the patient clearly exhibits depression...has tenderness in his scalp, and his neck, his right upper extremity, and his lower back. There is no clear motor weakness but there is a sensory deficit in the right upper extremity the left lower extremity." Prior treatment history includes Oxycontin 40 mg, Oxycodone 5 mg and physical therapy. The current diagnoses are: -Post concussion syndrome-Cervical radiculopathy on the right-Status post lumbar fusion-Insomnia-Suicidal ideation and depressionThe utilization review report dated 11/12/14 gave a partial certification of the request for a neuropsychology consult and testing to a neuropsychology consult only based on ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychology Consult and 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Neuropsychological testing. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The patient presents with headaches, depression and suicidal ideation, right arm pain and numbness, neck pain, lower back pain with radiating symptoms down the left leg, insomnia, erectile dysfunction, gastrointestinal dysfunction, occasional urinary dysfunction and problems with his memory. The current request is for Neuropsychology Consult and Testing. The treating physician report dated 2/12/14 states, "the patient clearly exhibits depression, has tenderness in his scalp, and his neck, his right upper extremity, and his lower back. There is no clear motor weakness but there is a sensory deficit in the right upper extremity the left lower extremity." The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. ODG states that Neuropsychological testing is 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. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. In this case, the treating records document psychological issues and the request for help from a specialist for this patient. ACOEM & ODG support this referral. Therefore the request is medically necessary.