

Case Number:	CM15-0000273		
Date Assigned:	01/09/2015	Date of Injury:	04/15/2013
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Psychologist

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 34 year old male, who sustained an industrial injury on April 15, 2013, being struck in the face with a pole, with a facial laceration, dislodging teeth and snapping the neck. The injured worker has reported jaw pain, neck pain, and locking right forearm. The diagnoses have included status facial trauma with dislodged teeth and temporomandibular joint syndrome, cervical strain with cervical disc disease, myofascial pain, and cognitive and mood impairment. Treatment to date has included medication and dental/endodontist follow-up. Currently, the Injured Worker complains of headaches, dizziness, and pain in the middle of his head that radiates down his neck, arms, and hands. The Neurological Primary Treating Physician's report dated November 14, 2014, noted the injured worker with some difficulties with complaints of concentration limits, and was recommending neuropsychometric testing to determine the exact degree and nature of the cognitive impairment. On December 8, 2014 Utilization Review non-certified a request for neuropsychometric testing, noting that it was unclear what type of neuropsychometric testing was being ordered. The injured worker was noted to have had no change in the level of consciousness, and a prior MRI and CT of the brain were negative, with no indication of supportive objective findings to indicate a traumatic brain injury. The injured worker was noted to have previously undergone MMPI-2 testing, and was found not to be an appropriate candidate for psychotherapy. The UR Physician noted that further clarification as to the specific neuropsychometric tests requested would be needed to establish the medical necessity of the request, as well as supportive objective findings, therefore the request for neuropsychometric testing was non-certified. The MTUS Chronic Pain Medical

Treatment Guidelines and the Official Disability Guidelines (ODG), Head Chapter, were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of neuropsychometric testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychometric testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter Neuropsychological testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience some symptoms such as mild cognitive deficits and headaches that could be indicative of a possible mild TBI despite receiving normal results on prior brain scans. Due to some of these continued symptoms, it was recommended that neurodiagnostic testing be conducted, which could help shed light on the origins of these symptoms. The CA MTUS recommends the use of neuropsychological testing and states, "Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009) Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual." Given this guideline, the use of neuropsychological testing could help with further treatment planning for the injured worker by offering appropriate treatment recommendations based on the results. Therefore, the request for neurodiagnostic testing is medically necessary.