

Case Number:	CM15-0000660		
Date Assigned:	01/12/2015	Date of Injury:	03/03/2008
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/03/2015

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 50 year old female who suffered a work related injury on 03/03/08. Per the physician notes from 12/08/14, she has low back injury with two surgeries and now has depression and sleep problems. Most of the note is illegible. The request is for neuropsychological testing. The Claims Administrator non-certified the treatment on 12/16/14. Non MTUS/ODG sources were cited. The neuropsychological testing was subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Other Literature Division of Workers Compensation, Stat of California (1992), The psychiatric elements of a disability, p.9

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. With regards to the specific request for neuropsychological testing, the medical records that were provided do not support this intervention for this patient. The medical records suggest that she has a occupational related injury that occurred as a result of lifting and this is resulted in 2 lumbar spine surgeries. There is no history of traumatic brain injury of any kind of head injury. She is reporting complications in "attention and thinking problems." On August 6, 2014 the patient had a qualified psychiatric and medical examination that included detailed psychological assessment and resulted in a 45 page document with no recommendations for neuropsychological testing. It was also noted in this report that her cognitive symptoms may be attributable to depression and anxiety. Neuropsychological testing .Is a very complex and lengthy intervention. It would repeat most of this work that has been recently and comprehensively conducted with the additional on a few basic neuropsychological tests. Because both depression and anxiety can create some of the symptoms that she is reporting is not clear that the extensive lengthy and complex neuropsychological battery is indicated when a most an office visit by her existing primary treating physician visit would be able to screen for any serious neurological issues. . Without any pre-screening indications of medical necessity, the full assessment battery is not indicated because of this reason the original utilization review determination for non-certification is upheld.