

<b>Case Number:</b>	CM15-0001822		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 male, who sustained an industrial injury on February 2, 2012. He has reported Lower back pain and headaches. The diagnoses have included lumbar spine disc protrusion, lumbar spine sprain, bilateral sciatica, headache, and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included physical therapy, acupuncture, medications, and psychotherapy. Currently, the injured worker complains of continued back pain and headaches with anxiety. The treating physician is requesting neurological psych testing. The reason for the request was not documented. On December 17, 2014 Utilization Review non-certified the request for neurological psych testing, noting the lack of documentation to support the medical necessity of the service. The MTUS and ODG were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro Psych Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

MTUS Citation Official Disability Guidelines (ODG) Chapter Head, topic Neuropsychological testing | December 2015 update.

**Decision rationale:** According to the official disability guidelines, Head Chapter, neuropsychological testing is recommended for severe traumatic brain injury but not for concussions unless symptoms persist beyond 30 days. For concussions, 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. For this case, the medical necessity of the requested treatment is not established by the provided documentation. On October 7, 2014, the patient had a qualified medical examination in psychology; this comprehensive exam Included a psychological assessment battery the consisted of at least 10 psychometric questionnaires/tests and resulted in a lengthy 44 page document complete with detailed treatment recommendations. Although neuropsychological testing what involve somewhat different assessment tools a full neuropsychological evaluation is not indicated in this case based on the patient's injury and industrial injury related diagnoses. Because the medical necessity is not established, the request to overturn the utilization review determination is not approved.