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| Case Number: | CM15-0140422 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 03/10/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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:

This 56-year-old woman sustained an industrial injury on 3-10-2014 after falling down a flight of concrete stairs. She received immediate medical attention. Evaluations include CT of the brain dated 3-10-2014, neck MRI dated 3-10-2014, electrodiagnostic testing. Diagnoses include musculoligamentous strain of the cervical spine with cervical disc disease, closed head injury with a concussion and post-concussion syndrome, and torn left labrum. Treatment has included oral medications. Physician notes from neurology dated 6-18-2015 show complaints of left arm pain from the shoulder to the wrist with numbness to two fingers memory difficulties and confusion, and left hip pain. Recommendations include evaluation at a brain injury day treatment program, neuropsychometric testing, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neuropsychometric 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: Neuropsychological testing. (2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Neuropsychological Evaluation.

Decision rationale: Based on the review of the medical records, the injured worker has been experiencing cognitive impairments since her injury in March 2014. In his report dated 6/18/15, [REDACTED] recommended neuropsychological testing as well as an evaluation at a brain injury treatment facility. The request under review is based upon this recommendation. The submitted documentation adequately presents relevant and supportive information to substantiate the need for neuropsychological testing. As a result, the request for neuropsychometric testing is medically necessary.