MAXIMUS Federal Services

Case Number:	CM15-0198339		
Date Assigned:	10/16/2015	Date of Injury:	04/11/2012
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 is an injured worker who sustained a work-related injury on 4-11-12. Medical record documentation on 8-13-15 revealed the injured worker was being treated for noise-induced left ear hyperacusis and otalgia and left temporal headache. He reported constant headaches located about the forehead and left side of the head. He rated the headaches a 6-8 on a 10-point scale. He reported decreased concentration, anxiety, sleep difficulty, severe left ear sensitivity to sound, left ear pain and a stabbing sensation. Medications tried included Pamelor, Neurontin and Clonopin. His current medications included Clonopin and ibuprofen. Objective findings included no tenderness or spasms over the cervical spine and his cervical spine range of motion was normal. He was alert and oriented to time, place and person and he was able to recall two out of three objects in five minutes. He answered four out of five serial sevens and his speech was fluent. Comprehension, repetition and naming was normal. His cranial nerve examination had not remarkable abnormalities and his motor strength was 5-5 in the bilateral upper extremities and the bilateral lower extremities. His tone was normal and there was no evidence of atrophy, tremor or fasciculation. He had slight difficulty with a tandem gait. A request for neuropsychological evaluation with memory assessment was received on 9-14-15. On 9-21-15, the Utilization Review physician determined neuropsychological evaluation with memory assessment was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological evaluation with memory assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neuropsychological testing.

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.

Decision rationale: The MTUS is silent on neuropsychological testing. The ODG states "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. 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." In this case there is no evidence of TBI. As such, the request for neuropsychological evaluation with memory assessment is not medically necessary.