

<b>Case Number:</b>	CM15-0199993		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 06-16-2003. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome. Treatment and diagnostics to date has included cervical spine surgery and medications. Recent medications have included Vicodin and Gabapentin. Subjective data (09-17-2015) included daily headaches that "cause short term forgetfulness." Objective findings (09-17-2015) included short-term memory problems with a Montreal Cognitive Assessment score of 20. The request for authorization dated 09-16-2015 requested neurocognitive assessment. The Utilization Review with a decision date of 09-23-2015 non-certified the request for 1 neurocognitive assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Neurocognitive assessment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 20-24.

**Decision rationale:** According to the guidelines cognitive evaluation and therapy is appropriate for stress, depression, pain management, etc. In this case, the claimant has chronic pain, underwent surgery and has increase forgetfulness likely due to a combination of all the above. The claimant had a 3 hour psychiatric evaluation in March and the claimant was found to have somatization disorder, anxiety, and depression. The claimant's condition is deteriorating with less sleep, increased pain and less functionality. The request for a 1-time consult for neurocognitive assessment is medically necessary.