

Case Number:	CM15-0204469		
Date Assigned:	10/21/2015	Date of Injury:	11/04/2014
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on November 04, 2014. The injured worker was diagnosed as having status post head trauma with scalp laceration, post traumatic head syndrome, and cervical spine strain. Treatment and diagnostic studies to date has included medication regimen, otolaryngologic evaluation and treatment, and neurology evaluation and treatment. In an initial neurological evaluation dated September 02, 2015 the treating physician reports complaints of constant headaches to the right side of the forehead, dizziness, vertigo, blurred vision, nausea, memory problems, loss of balance, depression, anxiety, sleep issues, sensitivity to sound, numbness and tingling to the tongue, and constant pain to the neck that radiates to the head. Examination performed on September 02, 2015 was revealing for a "poor" attention span, the ability to recall two out of three objects in 5 minutes, the ability to answer two out of five serial sevens, positive Halpike testing with nystagmus bilaterally, weakness to the right shoulder, and decreased sensation to the right upper arm and right shoulder. On September 02, 2015, the treating physician requested a cognitive neuropsychological evaluation (memory assessment) to determine if the patient has cognitive impairment or a mood disorder and plan appropriate treatment. On September 22, 2015, the Utilization Review determined the request for a neuropsychological evaluation (memory assessment) to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological evaluation (memory assessment): Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter Neuropsychological testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with constant headaches, located about her forehead and right side of her head, characterized as a 10/10. She describes dizziness, vertigo, blurred vision, nausea, memory problems, loss of balance, depression, anxiety, sleep difficulty, sensitivity to sound, and numbness and tingling of her tongue. She complains of constant pain to the side of her neck, radiating to her head. The request is for neuropsychological evaluation (memory assessment). The request for authorization form is dated 09/15/15. Patient's diagnoses include status post head trauma with scalp laceration; post traumatic head syndrome; cervical spine strain. Neurological examination reveals the patient was alert and oriented to time, place and person. The patient was able to recall two out of three objects in five minutes. Attention span appeared to be poor. The patient answered two out of five serial sevens. Speech was fluent. Comprehension, repetition and naming were normal. The patient emotionally appears depressed. Halpike maneuver is positive with nystagmus bilaterally. There is slight weakness of right shoulder abduction. The patient has decreased sensation to pinprick about the right upper arm and right shoulder. Patient's medication includes Tylenol. Per progress report dated 09/02/15, the patient is working with restrictions. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 09/02/15, treater's reason for the request is "to determine if the patient has cognitive impairment and/or mood disorder and plan appropriate treatment." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Neuropsychological Evaluation. The patient continues with constant headaches. Given the patient's symptoms, diagnoses, and physical exam findings, a Neuropsychological Evaluation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.