

Case Number:	CM15-0021895		
Date Assigned:	02/10/2015	Date of Injury:	11/24/2013
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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 37 year old male who sustained an industrial injury on 11/24/2013. Current diagnoses include status post fall with head trauma and post-traumatic head syndrome. Previous treatments included acupuncture. Report dated 01/12/2015 noted that the injured worker presented with complaints that included headaches, dizziness, occasional vertigo and loss of balance, pain in the back of the head, neck, memory and concentration difficulty, foggy feeling, and forgetfulness. Physical examination was positive for abnormal findings. Utilization review performed on 01/20/2015 non-certified a prescription for neuropsychological evaluation (memory assessment) and electronystagmogram, based on the clinical information submitted does not support medical necessity. The reviewer referenced University of Texas at Austin School of Nursing, Family Nurse Practitioner Program, www.guideline.gov in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronystagmogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of

Nursing, Family Nurse Practitioner Program. 2014, May. 19 p. [18 references] found at <http://www.guideline.gov/content>

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

Decision rationale: The review of [REDACTED] 1/12/15 report indicates that the injured worker complained of vertigo and dizziness. Unfortunately, this 3 page report is the only medical record submitted for review. Without additional information or other reports documenting these symptoms, the need for a vestibuar study such as an electronystagmogram, cannot be fully determined. As a result, the request for an electronystagmogram is not medically necessary.

Neuropsychological Evaluation (memory assessment): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner Program. 2014, May. 19 p. [18 references] found at <http://www.guideline.gov/content>

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

Decision rationale: The review of [REDACTED] 1/12/15 report indicates that the injured worker complained of memory issues. Unfortunately, this 3 page report is the only medical record submitted for review. Without additional information or other reports documenting these symptoms, the need for a neuropsychological evaluation, cannot be fully determined. As a result, the request for a neuropsychological evaluation is not medically necessary.