

<b>Case Number:</b>	CM15-0023732		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona

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 34-year-old male who reported an injury on 04/15/2013 due to an unspecified mechanism of injury. On 09/22/2014, he presented for a followup evaluation regarding her work related injury. He reported pain in his jaw, headaches at the front and back of the head, neck pain that radiated into both shoulders, nasal pain, and a locking sensation in the right forearm from the elbow to the wrist. A mental status examination showed that he was able to remember 3 of 3 objects after 5 minutes and his affect was appropriate and communication skills were intact. His station and gait were unremarkable. There was tenderness over the temporomandibular joints bilaterally, but otherwise he had normal facial sensation, mobility, and jaw mobility with normal conversation hearing. Motor strength showed 5/5 in the upper and lower extremities. Sensation was decreased along the C7 dermatome with right greater than the left and reflexes were at a 1+ and symmetric at both biceps, brachioradialis, triceps, knees, and ankles. Examination of the neck showed tenderness over the cervical paraspinal muscles and upper trapezius muscle. Lumbar range of motion was noted to be full. He was diagnosed with status post facial trauma with dislodged teeth and temporomandibular joint syndrome, and cervical strain with subjective radiating pain into both arms. The treatment plan was for neuropsychometric testing. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychometric testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Official Disability Guidelines recommend neuropsychometric testing after a severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. The documentation provided does not indicate that the injured worker had undergone a severe traumatic brain injury. Also, there is a lack of evidence indicating that he had undergone a concussion with symptoms that have lasted beyond 30 days. Furthermore, a clear rationale was not stated for the medical necessity of neuropsychometric testing. Without a clear rationale, the request would not be supported. Therefore, the request is not medically necessary.