

Case Number:	CM15-0028804		
Date Assigned:	02/20/2015	Date of Injury:	03/01/2014
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Internal Medicine

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 female who sustained an industrial related injury on 3/1/14 due to a child striking her head. The injured worker had complaints of headache, blurred vision, short-term memory problems, dizziness, nausea, neck pain, and numbness in the hands. Diagnoses included head trauma, posttraumatic head syndrome, posttraumatic chronic daily headache, posttraumatic intermittent tinnitus, disorder of sleep and arousal secondary to non-restorative sleep, cervical pain with aggravation of underlying cervical disc disease, and depression. Treatment included physical therapy. The treating physician requested authorization for cognitive P300 evoked response to determine function of the brain and to determine a course of care and treatment. On 1/20/15, the request was non-certified. The utilization review physician cited the National Institutes of Health website and noted the requested test is experimental and is not expected to change the injured worker's management. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive P300 evoked response: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397. Decision based on Non-MTUS Citation Work Loss Data Institute. Head (trauma, headaches, etc., not including stress & mental disorders). 2013 Nov 18. <http://www.guideline.gov/content.aspx?id=47581>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address neuro-psychological testing. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions recommendation is to avoid the temptation to perform exhaustive testing to exclude the entire differential diagnosis of the patient's physical symptoms because such searches are generally unrewarding. In general, neuropsychological testing is not indicated early in the diagnostic evaluation. Work Loss Data Institute guidelines for head conditions indicate that electrodiagnostic studies (electroretinogram [ERG], cognitive event-related potential, somatosensory evoked potential [SSEP]) is not recommended. Quantitative electroencephalogram QEEG (brain mapping) is not recommended. P300 cognitive evoked potentials are not supported evidence-based clinical practice guidelines. P300 cognitive evoked potentials are considered to be experimental and investigational. Therefore, the request for P300 cognitive evoked potentials is not medically necessary.