

Case Number:	CM15-0040550		
Date Assigned:	03/10/2015	Date of Injury:	09/28/2012
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: Texas

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 54-year-old female who reported an injury on 09/28/2012. The mechanism of injury was not specifically stated; however, it was noted that the injured worker suffered a traumatic brain injury and was found on the floor of the school where she worked. The current diagnoses include transient cerebral ischemia with history of traumatic brain injury and presence of ventricular shunt. The injured worker presented on 12/23/2014 for an evaluation with complaints of balance issues. Upon examination, the injured worker was alert and oriented with a normal motor and sensory examination. The injured worker was able to answer questions correctly and perform tasks. There was no visual loss or facial paralysis noted. It was noted that the injured worker had a mild slurred speech with difficulty walking. Recommendations at that time included an MRI of the brain, a repeat CT scan, and continuation of physical and occupational therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Testing QTY1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head.

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

Decision rationale: The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury, but not for concussions unless there are symptoms that have persisted beyond 30 days. For concussion/mild traumatic brain injury, comprehensive neuropsychological testing is not recommended during the first 30 days, but should symptoms persist beyond 30 days, testing would be appropriate. In this case, there is no clinical information regarding the need for neuropsychological testing. It was noted that the injured worker suffered a traumatic brain injury and continues to participate in a rehabilitation program. The injured worker is also pending an MRI of the brain with a possible CT scan of the brain following the MRI. The current functional status is unknown. The medical rationale has not been provided. Given the above, the medical necessity has not been established in this case. The request is not medically appropriate at this time.