

Case Number:	CM15-0041051		
Date Assigned:	03/11/2015	Date of Injury:	01/07/2013
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 55-year-old male, who sustained an industrial injury on 1/7/2013. He has reported falling from scaffolding approximately twenty feet onto concrete rubble, suffering a closed head injury, rib fractures, re-injury of pre-existing spinal fusions, trauma to liver and kidneys, and post injury depression. The diagnoses have included a closed head injury, disc degeneration, lumbar stenosis, status post L3-S1 lumbar decompression and fusion, cervical radiculopathy, status post cervical decompression and fusion, and ulnar neuropathy of wrist and elbow. There is a history of a laceration with subsequent staph infection requiring a five months hospital stay. Treatment to date has included medication therapy and orthotic braces. Currently, the IW complains of swelling and chronic venous stasis' ulcer to lower extremity, treated by wound specialist, and chronic low back pain with recent onset right hip pain that increases with weight bearing. The physical examination from 1/19/15 documented ambulation was with a walker with an antalgic gait and avoiding weight bearing on the right lower extremity. There is tenderness with positive right hip impingement sign and weakness. The plan of care included the Unna boot for left lower leg, radiographic imaging of hip and pelvis if pain persists, vascular surgery treatment, neurology consult due to closed head injury and residual cognitive impairment to be obtained, and obtain the second opinion consultation with the spinal surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychomet RIC testing: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: AECOM guidelines state "Consider specialty referral if persistent symptoms are not consistent with clinical findings. In general, neuropsychological testing is not indicated early in the diagnostic evaluation. Rather, it is most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits."The injured worker suffered from closed head injury secondary to the industrial trauma. It has been documented that a neurology consult due to closed head injury and second opinion consultation with the spinal surgeon for residual cognitive impairment were to be obtained. The request for Neuropsychomet RIC testing is not clinically indicated at this time as neuropsychological testing is not indicated early in the diagnostic evaluation. Rather, it is most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits per the guidelines. Therefore, the request is not certified.