

<b>Case Number:</b>	CM15-0041309		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 52 year old female, who sustained an industrial injury on March 25, 2005. She has reported lower back pain, bilateral leg numbness, weakness of the left ankle and foot, and right hand pain and swelling. Diagnoses have included chronic major depression, chronic regional pain syndrome, lumbago, and lumbar spine degenerative disc disease. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit, surgery, and imaging studies. A progress note dated December 19, 2014 indicates a chief complaint of continued lower back pain with numbness of the legs, and right hand pain. The treating physician documented a plan of care that included a neurological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Neuropsychological evaluation and 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, Neuropsychological testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

**Decision rationale:** A request for a neuropsychological test was made, according to the utilization review report, because "the provider requested a neuropsychological test due to another positive urine toxicology screen." Utilization review rationale for non-certification is stated as: "the aforementioned guidelines only recommends neuropsychological testing for severe traumatic brain injuries. Submitted documentation does not contain information indicating the patient has experienced a severe traumatic brain injury. Due to the concurrent guideline recommendations, neuropsychological testing is not appropriate for this patient." Decision: Utilization review statement is incorrect in that there are other reasons in addition to severe traumatic brain injury where neuropsychological testing is appropriate. However, this patient was injured in 2005 when she was unloading boxes of frozen chickens weighing approximately 90-100 pounds when she injured her back with intense pain radiating down to her lower extremities. According to the most recent treatment progress note from her primary physician the patient is having worse lower back pain recently and having trouble even getting out of bed and there is concern that her reflex sympathetic dystrophy is spreading into her right leg In addition to the already existing RSD in multiple other body areas. She continues on opiate medication as well as an extensive lengthy list of other medications and there is a notation that: "(██████████ is) also suggesting patient see a neurologist." There is also a notation of decreased response to tactile stimulation of the leg/foot L>R with abnormal reflexes. The treatment plan from her primary physician from December 30, 2014 requests for the following: Neurology consult, OxyContin and Gabapentin. According to a treatment progress note from February 9, 2015, "the patient had another positive urine toxicology screen although she claims to not be using amphetamines and thinks that other medications may be reacting to the test. I recommend patient have neuropsychological testing with ██████████ in ██████████." The provided medical records which consisted of over 1600 pages did not contain a readily available clearly stated rationale for the requested treatment. It is not established why this treatment is being requested other than a statement by the requesting physician for the procedure with a notation that the patient had a positive urine screen. The physician expresses great concern over this urine screen (to the point of not being able to continue her treatment) because it reflects the use of amphetamine which the patient states she is not taking. It was noted she was taking over-the-counter Sudafed and other similar cold remedies in a separate document. There are indications in the medical records that the patient is having neurological symptoms with decreased sensation on one side of her lower extremity but there was no information regarding symptoms that would suggest neuropsychological issues with things such as concentration ability to sustain attention, cognitive deficits, memory problems etc. The utilization review determination for non-certification is inaccurate because there are multiple reasons why neuropsychological testing can be an appropriate intervention, however because there is no provided rationale that establishes the medical necessity of this request (a positive drug screen is not sufficient to establish medical necessity) and there is no discussion of which symptoms are of concern that would require a neuropsychological assessment, the medical necessity of the request is not established. The neuropsychological assessment is a very complicated and lengthy examination that typically can take more than 5 to 10 hours of testing, without clear indication of why it is being posted the

utilization review determination is found to be the correct decision and is upheld. This request is not medically necessary.