

<b>Case Number:</b>	CM15-0083159		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 65 year old male who sustained an industrial injury on 08/20/01. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar disc replacement surgery, cervical spine fusion, bilateral carpal tunnel release, left ankle surgery, therapy, psychological treatment, and internal medicine treatment. Diagnostic studies are not addressed. Current complaints include sadness, fatigue, low self-esteem, sense of hopelessness loss of pleasure in participating in social activities, loss of motivation, feelings of emptiness, and frustration. Current diagnoses include major depression, pain disorder, and cognitive disorder. In a progress note dated 04/16/15 the treating provider reports the plan of care as evaluation of psychologist and continued cognitive behavioral therapy. The requested treatments include a neuropsychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological evaluation:** 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:** 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:** Neuropsychological evaluation is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long- term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009)

Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. Formal NP testing is not required for all athletes, but when it is considered necessary, it should be performed by a trained neuropsychologist. A request was made for a neuropsychological evaluation; the request was non-certified by utilization review of the following provided rationale: "There is a lack of documentation regarding the patient having a severe traumatic brain injury." This IMR will address a request to overturn the utilization review non-certification decision. The provided medical records reflect the patient with symptoms of Major depressive disorder including additional symptoms of anxiety. There is a rule out of cognitive disorder under consideration for his psychological/psychiatric diagnostic profile. Current psychiatric medications include the following Prozac 20 mg, Ambien 10 mg, Trazodone 100 mg, Risperdal 0.5 mg and Ativan 0.5 mg. According to a psychological treatment progress note from his primary physician it is noted under the category of neurological the "patient is alert and oriented times 3 with no focal deficits noted." Although the medical records do reflect significant symptoms of depression including crying spells and occasional feelings that life may not be worth living (patient denies suicidal ideation) and symptoms of concentration and memory impairment with low energy and insomnia due to pain and anxiety, the medical records do not reflect sufficient rationale for the reason for this request for a neuropsychological evaluation. He struggled with serial sevens and ability to recall 3 objects but was able to easily identify 5 presidents sequentially. The patient's occupational/industrial related injury was reportedly caused as continuous trauma from June 1, 1999 to August 20, 2001 to both feet and low back with an additional injury on August 20, 2001 to his wrists, hands, neck, and back. There is also continuous trauma from January 1, 1990 through August 15, 2001 including his feet from lifting heavy objects. There is no indication

provided that the patient suffered a head injury or significant head trauma. According to a report from February 4, 2015 patient "clearly exhibits mild signs of confusion... It was further noted that the patient was oriented in all spheres but displayed "significant cognitive issues and memory lapses." The patient was unable to complete all of the administered psychological test complaining of fatigue and concentration troubles. In providing recent clinical information, the patient showed poor recall and could not provide a cogent narrative (e.g. identifying the names of medications, diagnostic procedures that have been performed etc.) there was also significant long-term memory lapses in the patient's ability to provide biological information (e.g. the years that the patient changed residents, employment dates etc.)." The February 4, 2015 evaluation was comprehensive and included many cognitive screening tools for example: brief cognitive status examination, Wechsler Memory Scale, and for other screening tools that measure cognitive functioning as well as several for malingering and validity. It is not clear whether or not this is the neuropsychological evaluation in question. Additional comprehensive psychological evaluations were found including test results from 7 psychometric instruments completed on January 16, 2015 and again on December 9, 2014. In the absence of any indication that the patient suffered from traumatic head injury, or even concussion as a part of his mechanism of industrial-related injury, and based on the medical records which reflect several already administered psychological evaluations that included at least some neuropsychological assessment, the need for a neuropsychological evaluation at this juncture is not established is medically necessary and appears in fact to be redundant. For this reason the request is not medically necessary.