

Case Number:	CM15-0084803		
Date Assigned:	05/07/2015	Date of Injury:	05/13/2004
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 72 year old male injured worker suffered an industrial injury on 5/13/2004. The diagnoses included chronic low back pain secondary to lumbosacral degenerative disease, chronic neck pain secondary to cervical degenerative disc disease chronic daily headaches, chronic pain syndrome, anxiety, depression, insomnia, and decreased memory. The injured worker had been treated with physical therapy and medications. On 4/3/2015 the treating provider reported continued struggle with the back rated pain as 8/10. She was complaining of decreased memory and concentration. The treatment plan included Neurocognitive evaluation. The documentation indicates that the patient has concerns about memory issues on the 10/8/13 and the patient was sent to psychotherapy for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurocognitive evaluatoin: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395, Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: Neurocognitive evaluation is not medically necessary per the MTUS Guidelines. The MTUS ACOEM Guidelines state that a standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. The MTUS Chronic Pain Medical Treatment Guidelines state that clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. The documentation indicates that the patient's memory issues are a chronic concern dating back to 10/8/13. There is no evidence of significant change and it is not clear why the treating physician cannot perform a baseline mental status exam in the office or how this neurocognitive evaluation will change the management of this patient. Therefore the request is not medically necessary.