

Case Number:	CM14-0124051		
Date Assigned:	08/08/2014	Date of Injury:	10/04/2012
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on October 4, 2012. The mechanism of injury was noted as a blunt force trauma to the head. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of headaches, dizziness, loss of balance, hearing loss and decreased memory. The second page of this three-page report was missing. The objective clinical information was not presented. There was the first page and the signature page. A request had been made for neuropsychological assessment and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neuropsychological Evaluation (Memory Assessment): 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 (ODG) had chapter updated August, 2014

Decision rationale: It is noted that the MTUS and ACOEM guidelines do not address treatment for head injury. As outlined in the ODG, neuropsychological testing is recommended for severe traumatic brain injury. However, this is not recommended for concussions. Furthermore, when noting the middle page of the clinical assessment was missing, the medical records presented do not support this request. The medical necessity cannot be established. Therefore, the request is not medically necessary.