

Case Number:	CM14-0160149		
Date Assigned:	10/03/2014	Date of Injury:	09/01/2009
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 62-year-old female with a reported date of injury on 09/01/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cephalgia, insomnia, cervical radiculopathy, lumbar radiculopathy, bilateral knee pain, right greater than left shoulder pain, left elbow pain, cognitive problems, and emotional distress. Her previous treatments were noted to include aquatic therapy, acupuncture, medications, surgery, and psychiatric evaluation. The progress note dated 03/04/2014 revealed complaints of pain to the bilateral knees with shoulder pain. The injured worker indicated the cold and humid weather worsened her symptoms and the home TENS unit was helpful. The physical examination revealed severe cranial cervical tenderness with spasm and decreased attention span. The injured worker could do serial sevens with mistake and had a slightly weak left hand grip. The injured worker had a slightly weak right foot dorsiflexion and decreased sensation at the right more than left anteromedial arm and hypothenar region. She had decreased sensation bilaterally at the outer thighs, legs, and plantar surfaces of both feet. The Romberg's test and Tinel's sign was positive. She had lumbar more than cervical and intrascapular tenderness. The injured worker had right more than left shoulder tenderness with limited range of motion. Progress note dated 08/20/2014 revealed a neurocognitive assessment evaluation had been performed 02/14/2014 which revealed major depression and anxiety disorder. The provider indicated the injured worker had severe craniocervical tenderness with spasms and decreased attention span. The injured worker could do serial sevens with mistakes and a slightly weak left hand grip. The physical examination revealed a slightly weak foot dorsiflexion. There was decreased sensation to the right more than left anteromedial arm and hypothenar region. There was decreased sensation bilaterally to the outer thighs, legs, and plantar surfaces of both feet. The Request for Authorization form was not submitted within the medical records. The request

was for formal neurocognitive evaluation; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Formal neurocognitive evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

Decision rationale: The request for a formal neurocognitive evaluation is not medically necessary. The injured worker had a neurocognitive evaluation performed 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations with selected use in pain problems and with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. The interpretations of this evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who are administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability programs. Childhood abuse and other post-traumatic events were also found to be predictors of chronic pain patients and that the trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention and focusing on psychological aspects of the pain problem. The injured worker performed a neurocognitive evaluation in 02/2014; however, the report was not submitted within the medical records. The provider indicated the injured worker had decreased attention span and could do serial sevens with mistakes. There is a lack of documentation regarding the injured worker receiving psychological treatment and the results of the neurocognitive evaluation were not submitted within the medical records. Therefore, the request is not medically necessary.