

Case Number:	CM14-0172626		
Date Assigned:	10/23/2014	Date of Injury:	09/14/2004
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Psychiatry 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:

Injured worker is an 87 year old female with date of injury 9/14/2004. Date of the UR decision was 10/6/2014. Mechanism of injury was identified as a slip and fall injury resulting in chronic pain in several body parts. Initial Psychological Evaluation dated 9/11/2014 suggested subjective complaints of chronic fatigue, chronic pain in neck, back, arms and knees, difficulty regulating internal body temperature with frequent hot flashes and excessive perspiration, dizziness, onset and middle insomnia, difficulty coping with aging, reduced headaches, chronic headaches with pain level of 5, difficulty breathing, frequent anxiety and depression, feelings of heightened morbidity and parasuicidal ideations with no plan or intent. She was diagnosed with Cognitive disorder NOS, Rule out Mild Cognitive decline, Major Depressive Disorder secondary to general medical condition and Anxiety disorder due to multiple medical etiologies. The treatment plan listed that a Neuropsychological testing was recommended to determine neuro-rehabilitative goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological MMI evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: AECOM guidelines state, "Consider specialty referral if persistent symptoms are not consistent with clinical findings. In general, neuropsychological testing is not indicated early in the diagnostic evaluation. Rather, it is most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits." The report dated 9/11/2014 suggests that the injured worker has been diagnosed with age related memory changes. It has been suggested that mild cognitive impairment secondary to multiple etiologies cannot be ruled out. A request for Neuropsychological MMI evaluation is not medically necessary as injured worker has mild changes in cognition which could possibly just be age related. The Neuropsychological evaluations are most useful in assessing functional status or determining workplace accommodations in individuals with stable cognitive deficits per the guidelines. However, in this case it doesn't seem like the injured worker is going to be returning to work.