

<b>Case Number:</b>	CM15-0111474		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29-year-old male, who sustained an industrial injury on 11/5/14. He has reported initial complaints of head injury with neck and low back pain. The diagnoses have included neck muscle strain and lumbar muscle strain. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 5/11/15, the injured worker complains of neck and back problems. He states that he has dizziness and feels sick all of the time. The objective findings reveal antalgic gait. The cervical spine reveals that there is minimal tenderness to palpation of the trapezius. The lumbar spine reveals minimal tenderness without spasm bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the brain, neck and back and X-ray of the cervical spine. The current medications were not listed and the previous therapy sessions were not noted. The physician requested treatments included Neuropsychological testing x 1 for neck muscle strain and Neurology evaluation x 1 for neck muscle strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological testing x 1 for neck muscle strain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc. , not including stress & mental disorders), Neuropsychological testing.

**Decision rationale:** The claimant sustained a work injury in November 2014 when a metal door fell on his head. There was no loss of consciousness. An MRI of the brain in December 2014 had been normal. When seen, he did not feel he could return to work. He was feeling more emotional and had episodes of dizziness. Physical examination findings included an antalgic gait. There was normal strength and sensation with normal coordination. There was minimal lumbar tenderness without muscle spasms. Neuro-psychological testing 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. In this case, there is no evidence that the claimant sustained a concussion or even a mild traumatic brain injury. There was no loss of consciousness and the MRI of the brain was negative. The request is not medically necessary.

**Neurology evaluation x 1 for neck muscle strain:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter - Neuropsychological testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in November 2014 when a metal door fell on his head. There was no loss of consciousness. An MRI of the brain in December 2014 had been normal. When seen, he did not feel he could return to work. He was feeling more emotional and had episodes of dizziness. Physical examination findings included an antalgic gait. There was normal strength and sensation with normal coordination. There was minimal lumbar tenderness without muscle spasms. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has physical examination findings and complaints that are disproportionate. Further evaluation is indicated, such as through a psychological evaluation or by the requested neurological consult which is therefore medically necessary.