

Case Number:	CM15-0122275		
Date Assigned:	07/10/2015	Date of Injury:	09/23/1998
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 injured worker is a 61 year old male, who sustained an industrial injury on 09/23/1998. The injured worker reported involvement in a motor vehicle accident that caused him to hit the window with the left side of his head. He reported "seeing stars", along with disorientation, and neck pain. The injured worker was diagnosed as having head trauma with posttraumatic head syndrome, disorder of sleep and sleep with non-restorative sleep, cervicogenic headaches with occipital neuralgia, status post cervical fusion with ongoing symptoms, occipital neuralgia, chronic pain ideation, and psychological factors affecting his physical condition. Treatment and diagnostic studies to date has included status post cervical fusion, magnetic resonance imaging of the cervical spine, nerve blocks, trigger point injections, and a medication regimen. In a progress note dated 05/07/2015 the treating neurologist reports complaints of ongoing pain, numbness, and burning to the bilateral lower extremities, joint pains, leg cramps, ongoing back pain, mid thoracic pain, neck pain, elbow pain, shoulder pain, ringing in the ears, dizziness, and numbness to the fifth fingers bilaterally. The injured worker also has difficulty staying asleep secondary to pain, headaches, blurred vision, ongoing stress secondary to pain, and burning to the interscapular regions. Examination reveals hesitation with questions, focus, and concentration, tremor to the outstretched hand, and decreased reflexes to the bilateral lower extremities. The treating physician requested Cognitive P300 Evoked Response with the treating physician noting that the neurologic testing will be necessary to determine the cause, the extent of the injured worker's impairment, and to provide future medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive P300 Evoked Response: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive P300, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm>.

Decision rationale: According to ODG guidelines, Cognitive P300 is considered experimental for the diagnosis of dementia or depression because they have not been proven necessary to aid in diagnosis or alter the management of patients. Therefore, the request for Cognitive P300 Evoked Response is not medically necessary.