MAXIMUS Federal Services

| Case Number: | CM15-0171420 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 10/05/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: California
Certification(s)/Specialty: Psychologist

## 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 37 year old female who sustained an industrial injury on 10-5-12. A review of the medical records indicates that she is undergoing treatment for lumbar intervertebral disc syndrome and Tietzes Disease, major depression, anxiety disorder, alcohol dependence - in remission for one year, and chronic pain syndrome. Medical records (3-4-15 to 7-24-15) indicate that the injured worker reported significant pain interfering with memory, concentration, and other cognitive abilities (7-24-15). The psychological and cognitive screening report, dated 7-24-15, indicates that the injured worker "needs to undergo a comprehensive cognitive evaluation to assist in treatment planning concerning future orthopedic and pain management procedures". It states "The results from the neuropsychological evaluation can be used for guiding treatment and ensuring that the patient remains vocationally feasible." The request for authorization, dated 7-29-15, includes the neurocognitive assessment. The utilization review (8-5-15) denied the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurocognitive assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

**Decision rationale:** 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. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009) Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. Formal NP testing is not required for all athletes, but when it is considered necessary, it should be performed by a trained neuropsychologist. A request was made for neurocognitive assessment, the request was non-certified by utilization review which provided the following rationale for its decision: "thus, a worker with three-year history of physical injury with associated subjective emotional complaints for whom there is inadequate data to establish a psychiatric diagnosis and treatment plan. In the absence of a head injury or other neurological insult, the subjective cognitive complaints and non--the specific findings of cognitive screening could be attributable to the untreated effective and emotional distress and do not warrant neuropsychological evaluation at this juncture. Therefore, this request is not medically necessary. This IMR will address a request to overturn the utilization review decision for non-certification and to approve neuropsychological testing. According to a primary treating physician progress report PR-two June 24, 2015, the patient has current complaints of "depression, stress and anxiety. According to a comprehensive psychological report psychiatric evaluation May 30, 2015, The mechanism of injury occurred when the patient who was seven months pregnant at the time lost her footing on a stepladder and hit her rib cage and chest but that she was "able to catch results of that she did not follow the latter and there was no injury to her head." She has been diagnosed from a psychological perspective of the following: "depressive disorder, not otherwise specified in partial remission related to the obstetrical trauma, possibly independent or interrelated postpartum depression and the consequences of a serious episode of Alcohol Dependency." The patient reports life-threatening medical consequences child birth complications as a result of the

industrial injury. According to the July 24, 2015 report from the requesting psychologist: "the patient needs to undergo a comprehensive cognitive evaluation to assist in treatment planning concerning future orthopedic and pain management procedures. The results from this assessment will be used to provide valuable clinical input to the treating pain management specialist in managing the patient's medications more carefully..." Medical necessity the requested procedure is not established by the provided documentation. The patient has already received extensive psychological testing. There is no indication of significant head trauma or head injury reported the medical records. It is widely accepted that severe depressive disorders can, and often do, create significant cognitive difficulties that may mimic cognitive problems and difficulties. The patient is reported to have severe postpartum depression as well as struggling with alcohol dependency/abuse which appears to be in partial remission, at this juncture. Because the patient has already received significant psychological assessment which included several cognitive tests, and there is an absence of head injury or serious trauma to the head, the medical necessity of additional cognitive assessment is not established and therefore the utilization review decision for non-certification is upheld.