

Case Number:	CM15-0179193		
Date Assigned:	09/21/2015	Date of Injury:	09/21/2014
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for psychological stress, anxiety, headaches, depression, chronic obstructive pulmonary disease (COPD), and cardiomyopathy reportedly associated with an industrial injury of September 21, 2014. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for a one-time neurocognitive assessment. Questionnaires and office visits of June 19, 2015 and July 23, 2015 were cited. The claims administrator seemingly suggested that the applicant had already had a prior psychological evaluation. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant's cardiologist stated that the applicant was doing well status post implantation of an ICD device. The applicant reportedly had a history of prior sudden cardiac arrest, it was stated. On July 23, 2015, the applicant's psychologist seemingly stated that the applicant needed to undergo a comprehensive cognitive evaluation to assist in treatment planning concerning future orthopedic and pain management conditions. The applicant's psychologist stated that the cognitive portion of the would help to determine if the applicant's chronic pain and/or disability had led to memory or executive function deficits. The note was highly templated and comprised, in large part, of cited guidelines with comparatively little to no in the way of applicant-specific information. On an RFA form of July 26, 2015, a neurocognitive assessment was sought. In a February 25, 2015 office visit, the applicant was described as having received an ICD implantation procedure. The applicant reported intermittent complaints of stress and anxiety. The applicant was described as in no acute distress. No focal neurological deficits were noted. The applicant exhibited normal cranial nerve testing. The applicant's stress and anxiety were described as stable. The applicant stated that she could deal with her stress through usage of relaxation activities alone and felt that she did not need any psychotropic medications. On June 19, 2015, the

applicant's psychologist acknowledged that the applicant had already undergone six and a half hours worth of psychological testing. The applicant demonstrated no evidence of psychosis. A slightly labile affect was appreciated. The applicant denied suicidal ideation. The applicant had appropriate self-control and was reasonably alert and articulate, it was reported. It was suggested that the applicant was exaggerating or embellishing her symptoms to some degree.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurocognitive assessment, 1 time consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

Decision rationale: No, the request for a neurocognitive assessment "one-time consultation" was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his July 26, 2015 RFA form and associated July 23, 2015 progress note that the request represented a request for a comprehensive cognitive evaluation to include further psychological testing. However, the MTUS Guideline in ACOEM Chapter 15, page 397 states that mental health evaluators should "avoid the temptation" to perform exhaustive testing to exclude the entire differential diagnosis of the applicant's symptoms is not recommended, as such searches are "generally unrewarding." The MTUS Guideline in ACOEM Chapter 15, page 397 notes that, in general, neuropsychological testing is most useful in assessing functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, the applicant had already undergone six and a half hours worth of psychological testing on June 19, 2015, the applicant's psychologist acknowledged. It was not stated why an additional neurocognitive assessment to include further psychological testing was indicated here in the face of the unfavorable ACOEM position against performing exhaustive psychological testing. There was no mention of the applicant's having stable neurocognitive deficits and no evidence that the neuropsychological assessment and/or associated testing would facilitate determining workplace accommodations here. Therefore, the request was not medically necessary.