

Case Number:	CM15-0060447		
Date Assigned:	04/06/2015	Date of Injury:	04/14/2006
Decision Date:	06/16/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 52 year old male, who sustained an industrial injury on 4/14/06. He reported initial complaints of a fall of 10 feet into a manhole and suffered a traumatic brain injury. The injured worker was diagnosed as having traumatic brain injury; depression; anxiety; insomnia; left shoulder pain; left arm weakness. Treatment to date has included psychotherapy sessions; medications. Currently, the PR-2 notes dated 3/3/15 indicated the injured worker is being seen in this office as a consultation for further medical care. Presently he is having generalized anxiety and depression with crying episodes, dizziness as well as buzzing in his ears with reduced hearing which requires him to wear hearing aids in both ears. He also has a painful left shoulder. The notes indicate he is working part time; was unable to go back to school to learn computers due to memory and concentration, but this is improving. He drives occasionally. He has been prescribed gabapentin which he find helpful and psychology has begun. The provider has requested a Neuropsychology evaluation (6 visits psychology).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychology evaluation (6 visits psychology): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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: Citation Summary 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. Decision: a request was made for neuropsychological evaluation (6 visits psychology); the request was noncertified utilization review with the following provided rationale: "there is no indication of the patient suffering from chronic pain. As per medical treatment guidelines, neuropsychology is recommended in patients whom suffer from chronic pain. Therefore this request is not medically necessary." This IMR will address a request to overturn the decision. The patient is reporting headache and pain and is being treated by his primary care physician. The patient fell approximately 10 feet into a manhole and suffered traumatic brain injury. He is reporting generalized anxiety and depression with crying spells frequently and dizziness as well as difficulties with hearing. According to a December 9, 2014 progress note from his primary care physician the patient reports using medication with his pain is severe and is having issues of confusion and getting somewhat lost at times. While it is noted in the medical records of the patient did receive some psychological treatment is also clarified he has not received any since 2010. Given that the patient has had a traumatic brain injury and has continued complaints that are related to pain and psychological distress the medical necessity of the request as well as the reasonable miss of it appears apparent and supported by the provided documentation. Therefore the request for neuropsychological evaluation (6 visits psychology) is deemed to be medically necessary and appropriate and utilization review determination for non- certification of this request is overturned.