

<b>Case Number:</b>	CM15-0077688		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 47-year-old male, who sustained an industrial injury on 7/21/2008, while employed as a tow truck driver. He reported a car accident. The injured worker was diagnosed as having unspecified internal derangement of knee. Past medical history included diabetes. Treatment to date has included diagnostics, left knee surgery, physical therapy, and medications. Currently (3/31/2015), the injured worker complains of constant pain in his back, left shoulder, and knees, overall rating 7-10/10. Medication use included Gabapentin, Norco, Bupropion, Temazepam, Butrans, Metformin, and Omeprazole. He reported sadness, fatigue, low self-esteem, hopelessness, loss of pleasure in usual activities, social avoidance, lack of motivation, decreased libido, frustration, growing despair, feelings of emptiness, and periodic crying. He reported not being able to concentrate, short-term memory lapses, and interpersonal issues stemming from his work injury and disabled state. Negative behavioral habits were documented. Neurocognitive assessment was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Neurocognitive Assessment:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100 -101. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

**Decision rationale:** According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Citation Summary (ODG Chapter: Head) 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. A request was made for one neurocognitive assessment, the request was non-certified by utilization review with the following provided rationale: "The patient showed difficulty in processing information during the mental status exam and difficulties in the action time, processing speed and executive functions. Preceding with the request for a neurocognitive assessment is not warranted. The patient does not suffer from a concussion or a traumatic brain injury. Therefore, this request is not congruent with guideline recommendations." This IMR will address a request to overturn that decision. Decision: According to the provided medical records the patient was injured on July 21, 2008 when he was in the process of fastening a car platform when a motor home driving 75 miles an hour hit him resulting in a period of unconsciousness lasting for 10 to 15 minutes and he was later told that he flew like a ball after impact. In a letter from the primary treating and requesting psychologist from May 11, 2015 the following rationale for the requested evaluation were provided: "Possible cognitive impairment due to opiate medication side effects, possible memory deterioration and loss of attention due to severe chronic pain." The MTUS guidelines for psychological evaluation and neurological evaluations do support the requested intervention. The patient had a severe industrial related injury that resulted in loss of consciousness for 10 to 15 minutes. He appears to be having significant neurocognitive struggles as demonstrated with objective and subjective assessment tools. Although many of his reported neuropsychological symptoms could also be accounted for by his diagnosis of major depression, the nature of his accident indicates that there is a likelihood that his neuropsychological functioning may have been impacted. The medical

records that were provided for review do not reflect that an attempt has been made to have the patient treated with psychiatry and psychopharmacological agents and most of the neuropsychological symptoms that the patient reports and exhibits on assessment tools may also be attributable to severe depression. The patient is clearly exhibiting, based on the medical records provided, symptoms of depression and has been diagnosed as having major depressive disorder. Clinically, it would be appropriate for a neuropsychological evaluation to be able to address the cause of his reported neuropsychological difficulties. For these reasons, the medical necessity of the requested procedure has been established in the request to overturn the utilization review decision for non-certification is approved. The request is medically necessary.