

<b>Case Number:</b>	CM15-0094342		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 25-year-old who has filed a claim for chronic pain syndrome, dizziness, and alleged cognitive disturbance reportedly associated with an industrial injury of October 22, 2004. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for neurocognitive testing and a cardiopulmonary stress test-exercise study. The claims administrator referenced a progress note dated April 22, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 30, 2015, a neurology referral, neurocognitive testing, an interpreter, bronchial inhalation challenge testing, cardiopulmonary stress testing, an exercise study, and a chest x-ray were endorsed. In an associated progress note dated April 22, 2015, the applicant presented alleging memory loss, fatigue, malaise, and exertional dyspnea reportedly attributed to reported inhalation paint exposure. The applicant stated that he had gained 20 pounds of weight since the stated date of injury. The applicant exhibited a pulse ox of 99% on room air. The applicant apparently underwent a normal pulmonary function testing in the clinic setting, it was acknowledged. Neurocognitive testing, a bronchial inhalation challenge test to rule out asthma, and a cardiopulmonary exercise study to determine the applicant's metabolic, cardiac, and respiratory response to running were proposed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurocognitive testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

**Decision rationale:** No, the request for neurocognitive testing was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, a requesting provider should avoid the temptation to perform exhaustive [cognitive] testing as such testing is generally unrewarding. ACOEM notes that neuropsychological testing is generally not indicated early in the diagnostic evaluation and is most useful in assessing functional status for determining workplace accommodations for applicants with stable cognitive deficits. Here, however, the applicant was off of work, on total temporary disability. The cognitive testing at issue was not, thus, intended for the purpose of determining the need for workplace accommodations. The attending provider did not furnish a clear or compelling rationale for pursuit of neurocognitive testing in the face of the unfavorable ACOEM position on the same in the clinical context present here. Therefore, the request was not medically necessary.

**Cardiopulmonary stress test, exercise study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Sports Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** Similarly, the request for a cardiopulmonary stress test or exercise study was likewise not medically necessary, medically appropriate, or indicated here. The attending provider, in essence, framed the request as a request for a functional capacity evaluation. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 22, 2015. It did not appear that the applicant had a job to return to as a painter and/or repairman as of the date in question. It was not clearly established how cardiopulmonary stress testing or exercise testing would have been beneficial in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.