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| Case Number: | CM15-0095358 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 05/24/2011 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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 56-year-old male, who sustained an industrial injury on 5/24/11. The injured worker was diagnosed as having fractures in 3 places of the thoracolumbar spine, piriformis syndrome, bilateral carpal tunnel syndrome, chronic cervical spine strain/sprain with radiculopathy to the left arm status post tendon release, and tendonitis at the right elbow. Treatment to date has included acupuncture, lumbar nerve blocks, physical therapy and medications including Tramadol and Trazodone. Currently, the injured worker complains of pain in the left upper back and left lower back with pins and needles sensations on the left thigh. Numbness on the inside aspect of the forearm with numbing of the fingers of the right hand was also noted. The treating physician requested authorization for a consultation with a neuropsychologist for cognitive and psychological issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neuropsychologist for Cognitive and Psychological issues: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Neuropsychological Evaluations.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in May 2011. The request under review is for a neuropsychological evaluation. It is unclear as to the purpose of this request. Nowhere in the included records was there mention of any cognitive impairments/deficits for which a neuropsychological evaluation would be needed to assess. Although [REDACTED] indicated making the request as recommended by QME, [REDACTED], there was no mention of the recommendation in [REDACTED] June 2014 report. Without sufficient information to substantiate the request, the request for a consultation with neuropsychologist for cognitive and psychological issues is not medically necessary.