

Case Number:	CM14-0146215		
Date Assigned:	09/12/2014	Date of Injury:	04/09/2010
Decision Date:	10/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injury on April 9, 2010. The mechanism of injury occurred while filming an ambulance scene, he stood up to change a camera battery and the camera car driver slammed on brakes causing him to fall backwards. Diagnostics have included: 2010 right knee MRI reported as showing a torn meniscus. Treatments have included: medications, chiropractic, 2011 right knee meniscus repair, July 5, 2012 cervical fusion, physical therapy, June 7, 2013 cervical laminectomy, pain management. The current diagnoses are: lumbar radiculopathy, cervical disc disease and radiculopathy, right knee chondromalacia. The stated purpose of the request for Neuropsychological Evaluation was not noted. The request for Neuropsychological Evaluation was denied on August 29, 2014, citing a lack of documentation of neither neuropsychologic issues nor head injuries at this time. Per the report dated August 24, 2014, the treating physician noted complaints of pain to the neck with radiation to the lower upper extremities and with numbness and tingling, low back pain with radiation to the lower extremities with numbness and tingling. Exam findings included decreased cervical range of motion with tenderness, decreased lumbar range of motion, positive bilateral straight leg raising tests. Per a July 17, 2014 QME report, the provider noted future medical career including medications, physical therapy, repeat diagnostic studies, and urologic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychologic evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders), Neuropsychological testing

Decision rationale: The requested Neuropsychological Evaluation, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychologic evaluations, Pages 100-101 note that psychological evaluations "should determine if further psychosocial interventions are indicated." Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders), Neuropsychological testing, note "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," and "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." The injured worker has complaints of pain to the neck with radiation to the lower upper extremities and with numbness and tingling, low back pain with radiation to the lower extremities with numbness and tingling. The treating physician has documented decreased cervical range of motion with tenderness, decreased lumbar range of motion, positive bilateral straight leg raising tests. The treating physician has not documented current symptomatic or objective evidenced of head injury problems nor neuropsychological issues, such as attention, memory, and executive functioning deficits. The criteria noted above not having been met, Neuropsychological Evaluation is not medically necessary.