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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** November 10, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Neurobehavioral status examination x 4 hours (96116) and neuropsychological assessment x 20 hours (96118).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Psychiatry and Neurology.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

The requested neurobehavioral status examination x 4 hours (96116) and neuropsychological assessment x 20 hours (96118) is not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a female who sustained a work related injury on xx/xx/xx. She was unloading truck when the driver started the truck. The patient fell backwards to the ground with pushing, sustaining a concussion with loss of consciousness. She suffered post concussive symptoms and major depressive disorder. She was treated with tramadol 50 mg, cyclobenzaprine 10 mg, surgery (left rotator cuff repair), and behavioral medicine assessment. She reported blurred and double vision, loss of vision with blank spots and flashing lights, ringing in her ears with strange sounds, muscle spasms, trouble walking and coordination problems, dropping things, headaches, pain,

getting lost and forgetting where she was, forgetfulness and memory problems, inability to think as quickly as before, difficulty thinking clearly, easily distracted, difficulty with common sense, and trouble understanding others and following conversations. Per the Neurobehavioral Symptom Inventory she complained of severe headaches, numbness and tingling on parts of her body, moderate sensitivity to light, noise sensitivity, poor concentration, forgetfulness, difficulty making decisions, slowed thinking, difficulty sleeping, feeling anxious, feeling sad, irritability, poor frustration tolerance, mild dizziness and loss of balance, poor coordination, nausea, hearing difficulty, and loss of energy. Per the Beck Inventories she scored 28 on depression and 25 on anxiety and met 8 of 9 symptoms of major depressive episode criteria per Diagnostic Statistical Manual of Mental Disorders, fifth edition (DSM-V). After the injury with loss of consciousness she underwent a computed tomography (CT) of the head at the emergency room. She did not have neuropsychological testing performed. The patient was assessed with an unspecified neurocognitive disorder, somatic symptom disorder with predominate pain and major depressive disorder, severe with anxious distress. She was previously certified for individual psychotherapy, left shoulder cortisone injection and physical therapy. The patient has been recommended for a neurobehavioral status examination and neuropsychological assessment.

The URA indicates that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. The denial letter dated indicates that the request is excessive and not individualized to the specific needs of the patient.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per Official Disability Guidelines (ODG), neuropsychological assessment is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion and 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. In this case, the patient's symptoms have persisted beyond 30 days therefore testing her would be appropriate. However, the standard of practice dictates that this procedure can be accomplished within 4-8 hours. The request for 20 hours is considered excessive and not based specifically on the needs of this patient. Therefore, the request for neuropsychological assessment x 20 hours (96118) is not medically necessary. In addition, neurobehavioral status examination should be performed within the context of the neuropsychological assessment. Performing this as a separate exam is redundant and not medically necessary. In accordance with the above, I have determined that the requested neurobehavioral status examination x 4 hours (96116) and neuropsychological assessment x 20 hours (96118) is not medically necessary for treatment of the patient's medical condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)