

Case Number:	CM13-0019754		
Date Assigned:	10/11/2013	Date of Injury:	12/21/1994
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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 61 year-old female with compensable injuries to the neck and low back arising out of employment on 12/21/94. Records indicated the claimant has had significant issues at both the neck and low back. The claimant has a diagnosis of cervical post-laminectomy syndrome having undergone ACDF at C3-C4, C4-C5 and C6-C7 on 8/28/13. The claimant has referred the significant radicular symptoms to her upper extremities. EMG/NCS studies have noted left C6-C7 radiculopathy. The claimant has been elected to undergo further surgical intervention. The claimant has previously undergone cervical epidural injections to assist with pain care and to help increase function. With respect to the lumbar spine, the claimant also has post-laminectomy syndrome. The claimant has previously undergone fusion surgery with later removal of hardware at her lumbar spine. The claimant has a permanent spinal cord stimulator implanted to assist with low back and leg symptoms. In conjunction with chronic pain syndrome, the claimant also has diagnosis of reactionary depression/anxiety. The claimant has been provided with Xanax on an as needed basis to assist with her psychological issues derived from further gait problems. The patient has received psychiatric medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing following a psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluations Page(s): 100-101.

Decision rationale: In this case psychological evaluation has already been approved. Psychological testing is addressed in the MTUS; however, the MTUS is very specific about which psychological tests should be used. In the case of this patient, the guidelines suggest psychological evaluation but not psychological testing. Were a specific issue to arise after the team incorporates the findings from the psychological evaluation, psychological testing could answer specific questions at that time. At this point in treatment, psychological testing is not medically necessary per guidelines.