

Case Number:	CM13-0021764		
Date Assigned:	11/13/2013	Date of Injury:	11/01/2002
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation 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 patient is a 64-year-old female who reported an injury on 11/01/2002 with a mechanism of injury that was not provided. The patient's diagnosis was noted to include adjustment disorder with mixed anxiety and depressed mood, chronic. There was a request made for a psychological evaluation and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Evaluation Section Page(s): 100.

Decision rationale: The California MTUS recommends psychological evaluations; however, the patient was noted to have been treated since 2008 by a psychologist. The request per the submitted documentation was for weekly psychotherapy sessions for 20 weeks to prevent relapse and recurrent episodes. The clinical documentation submitted for review failed to provide the necessity for 20 sessions and it failed to provide documentation of the functional benefit the therapy had provided. The patient was noted to have increased anger and depression. The patient

was noted to have increased memory loss and difficulty concentrating. The request that was submitted for review was noted to be a psychological evaluation, and there was a lack of indication as to how many sessions or the type of psychological evaluation that was being requested. Given the above, the request for a psychological evaluation is not medically necessary.

A urine toxicology test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Section Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of drug screening for patients with issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate that the patient had issues of abuse, addiction or poor pain control. Additionally, it failed to document exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a urine toxicology test is not medically necessary.