

<b>Case Number:</b>	CM13-0069202		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Psychology 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 claimant is a 48 year-old female [REDACTED] with a date of injury of 3/13/13. The claimant sustained injury to her psyche as the result of employee/supervisor conflict and excess pressure while working as a medical assistant for [REDACTED]. According to his PR-2 report dated 12/21/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder; (2) Anxiety disorder, NOS; and (3) Psychological factors affecting medical condition (stress-intensified hypertension/physical issues).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limited psychological testing 1 every 2 weeks for the first 3 months followed by 1 every month for 9 months:** Upheld

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

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

**Decision rationale:** The CA MTUS does not address the use of psychological testing per se, but does discuss the use of psychological evaluation, which includes psychological testing. As a result, the CA MTUS guideline regarding psychological evaluation will be used as reference in

this case. Based on the review of the medical records, the claimant has been receiving psychotherapy services from [REDACTED] (total of 23 sessions through 12/20/13) and medication management services from [REDACTED] following his psychiatric evaluation of the Pt. on 10/25/13. In his "Psychiatric Consultation with Request for Authorization of Treatment" dated 10/25/13, [REDACTED] offered psychological testing results from the MMPI-2, Beck Depression Inventory-II, Beck Anxiety Inventory, and the Epworth Sleepiness Scale in order to help with diagnosis and offer a baseline of symptoms. It is unclear as to the type of limited psychological testing [REDACTED] wishes to complete every 2 weeks and then once per month as this information is not included in the request. It is plausible to assume that he hopes to utilize the two Beck inventories as well as the Epworth scale to assess the Pt's progress. If this is the case, the quick administration and scoring of the tests can be included within the already authorized services. As a result, the request for "Limited psychological testing 1 every 2 weeks for the first 3 months followed by 1 every month for 9 months" is not medically necessary. It is noted that the claimant received a modified authorization of 1 psychological testing (to determine baseline) in response to this request.