MAXIMUS Federal Services

Case Number:	CM13-0072648		
Date Assigned:	05/23/2014	Date of Injury:	10/13/1999
Decision Date:	06/13/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/31/2013

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 licensed in Clinical 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:

According to the records provided for this independent medical review, this patient is a 61 year old male who reported an industrial/occupational work related injury on October 13 1999. At that time he was employed and working normal work duties for [redacted] as a short haul truck driver, which required him to load and unload heavy crates. The injury apparently occurred by pulling a heavy pallet jack. He had two prior surgeries before the accident occurred which were unsuccessful and increased his pain, in one of them, reportedly, a screw was left in his neck for many years and nearly killed him with a 30% improvement in pain once it was removed. In terms of psychiatric medications he is, or at one time was, taking Citalopram, Lunesta, and Xanax; for depression, sleep, and anxiety respectively. Emotionally he feels like he is all washed up and is grossly preoccupied with anger directed towards various insurance carriers. He quickly becomes irritable and cranky, and has no feeling of pleasure in his life; he snaps at people and is angry. The patient has been seen by many mental health professionals for long periods of time but stopped keeping track of what he has done and who has treated him. This patient has been diagnosed with Major Depressive Disorder, single episode, moderate intensity. Additional issues of loss of home due to foreclosure and chronic pain syndrome with financial distress and inability to be employed were also mentioned. A request for Psychological Testing 5 units will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 PSYCHOLOGICAL TESTING FOR 5 UNITS FOR DEPRESSIVE DISORDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational Environmental Medicine, Chronic Pain, Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

Decision rationale: After a careful and comprehensive review of the patient's medical records, the request for psychological testing 5 units four major depression appears to be to be medically necessary. There is confusion however with respect to this request as a comprehensive psychological test and evaluation has already been completed by January 9th 2014 by [redacted] It appears that this is the testing being requested, retrospectively but not stated as such, and not additional testing which would be entirely redundant and not medically necessary. The psychological evaluation completed on 1/9/2014 is in accordance with the MTUS Guidelines which specify that Psychological Evaluations are generally accepted, well established diagnostic procedures. The patient does not appear to have had one done in many years and his level of current psychological symptomology and distress makes this an informative tool to improve subsequent psychological treatment outcome.