

Case Number:	CM14-0006257		
Date Assigned:	03/03/2014	Date of Injury:	10/14/2004
Decision Date:	07/11/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 patient is a 42-year-old male who has submitted a claim for major depressive illness, single episode, moderate; rule out pain disorder associated with both psychological factors and general medical condition; and opiate dependence, associated with an industrial injury date of October 14, 2014. The medical records from 2010 through 2014 were reviewed, which showed that the patient complained of gaining weight, sleeping poorly, and being increasingly withdrawn from family and friends. A mental status examination revealed that the patient was alert and oriented. His speech was hesitant, reduced in rate, rhythm, tone, and intensity. He was alert and without any signs of drowsiness. He did not show drug-seeking behavior. He demonstrated signs of discomfort. There was no evidence of tremulousness, nervousness, restlessness, psychomotor agitation, or psychomotor retardation. He was not tearful but appeared intermittently angry. He also appeared mad about his physical condition. There was no thought disorder, looseness of associations, nor tangentiality. His mood was depressed and affect was appropriate. He denied suicidal or homicidal ideation. Memory for recent and remote events was intact. Insight and judgment were poor. Psychological testing dated January 18, 2010 based from Beck Anxiety Inventory, Beck Depression Inventory-II, Raven's Standard Progressive Matrices Test, the Minnesota Multiphasic Personality Inventory-2, the Adult Neuropsychological Questionnaire, and the House-Tree-Person test revealed clinical symptoms of depression and anxiety. The treatment to date has included medications, lumbar surgery, trigger point injections, and biofeedback. The utilization review from December 13, 2013 denied the request for 5 visits for psychological testing because the patient previously had psychological testing in 2010 and adequate objective information can be obtained by reviewing prior psychological testing and having one additional visit with additional batteries of testing for any needed updates.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 VISITS FOR PSYCHOLOGICAL TESTING: 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 Psychological Evaluations Page(s): 100-101.

Decision rationale: According to pages 100-101 of the California MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended. Psychological evaluations are generally accepted, well established diagnostic procedures that should determine if further psychosocial interventions are indicated. In this case, psychological assessment (testing) was requested in order to provide objective data to establish psychiatric diagnosis. However, the medical records showed that previous psychological testing was done January 18, 2010, which revealed clinical symptoms of depression and anxiety. The psychological testing was based from Beck Anxiety Inventory, Beck Depression Inventory-II, Raven's Standard Progressive Matrices Test, the Minnesota Multiphasic Personality Inventory-2, the Adult Neuropsychological Questionnaire, and the House-Tree-Person test, wherein a total of only 8.5 hours was involved for application, scoring, and interpretation. The records failed to provide a rationale as to why 5 visits of psychological testing was requested when a battery of psychological tests can be performed within one visit as had been previously done to the patient. Furthermore, there was no discussion regarding the indication for repeat psychological testing. Therefore, the request for 5 visits for psychological testing is not medically necessary.