

<b>Case Number:</b>	CM14-0019865		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Board Certified in Psychiatry and is licensed to practice in Texas. 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 injured worker is a 49-year-old female who reported an injury on 01/25/2010. The mechanism of injury was not specifically stated. Current diagnoses include major depressive disorder. The latest physician progress report submitted for this review is documented on 06/03/2013. The injured worker reported anxiety, depression, diminished energy, sleep disturbance, social withdrawal, low self-esteem, and periods of crying. Objective findings on examination included anxiousness, depression, and obvious physical discomfort. The injured worker scored a 31 on the Beck Depression Inventory and a 22 on the Beck Anxiety Inventory. Treatment recommendations at that time included continuation of current medication and psychiatric treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL TESTING, QTY: 8 (ONCE EVERY SIX WEEKS FOR ONE YEAR):**  
Upheld

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

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

**Decision rationale:** California MTUS Guidelines state psychological evaluations are recommended. The current request for psychological testing once every 6 weeks for 1 year is excessive and not in accordance with California MTUS Guidelines. Anything more than one psychological assessment is beyond any established treatment recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.