

Case Number:	CM14-0112452		
Date Assigned:	08/01/2014	Date of Injury:	01/03/1997
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 64-year-old male who reported an injury on 01/03/1997. The mechanism of injury is unknown. The injured worker has a history of chronic pain syndrome, insomnia, myofascial pain, opioid tolerance, and osteoarthritis. Past treatments include medications, urine drug screen, the use of durable medical equipment, and injections. The injured worker had diagnoses of myalgia with myositis not otherwise specified, pain in joint of upper arm, chronic pain syndrome, cervical spondylosis without myelopathy, and pain in joint of lower leg. On 06/10/2014, the injured worker was seen for cervical spine, right shoulder, bilateral knees, bilateral hip pain, neck, and left upper extremity pain. The pain was partially relieved by use of medications and various types of injection therapy. The injured worker had tried conservative options such as simple analgesics and physical therapy, however they were not helpful overall and did not last in regards to pain reduction or functional improvement. He had been on stable doses of medications for many years that keep him functioning and working part time. He reported he had a cervical epidural steroid injection many years ago that gave him over 50% relief for over 3 months. The worse problem was pain in his neck that radiated along the left arm and hands. He had periodic weakness on the left side, as well. Current medications include Clopidogrel 75 mg, Crestor 10 mg, Diltiazem ER 180 mg, Famotidine 20 mg, Gabapentin 400 mg 1 3x a day, Isosorbide MN and ER 60 mg, Metformin HCL 500 mg, and Metoprolol ER 25 mg. The plan included an MRI of the cervical spine, repeat of a cervical epidural steroid injection, physical therapy, and continuation with current medications. The request was for 1 BBHI2/P3 Baseline Pain Psychological Test Related to Neck Injury outpatient. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BBHI2/P3 Baseline Pain Psychological Test Related to Neck Injury outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ([https://www.acoempracguides.org/Chronic Pain Table2 Summary of Recommendations](https://www.acoempracguides.org/Chronic%20Pain%20Table2%20Summary%20of%20Recommendations)).

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

Decision rationale: The request for 1 BBHI2/P3 Baseline Pain psychological test related to neck injury outpatient is non-certified. The injured worker has a history of cervical spine, right shoulder, bilateral knees, bilateral hip pain, neck, and left upper extremity pain. The injury occurred over 15 years ago. The California MTUS Guidelines state psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychological evaluations should determine further psychosocial interventions are indicated. There was lack of documentation as to why the injured worker would require a baseline pain psychological test after 15 years. There was lack of documentation in regards to the injured worker's psych issues or psych treatments. The request for psychological testing is not medically necessary. As such, the request is not medically necessary.