MAXIMUS Federal Services

Case Number:	CM14-0116324		
Date Assigned:	08/04/2014	Date of Injury:	03/30/2013
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 34-year-old female who reported an injury on 03/30/2013; the mechanism of injury was not provided. On 07/02/2014, the injured worker presented with pain, stiffness and weakness in the thoracic and lumbar spines. She also reported complaints of sleep issues and stress with anxiety and depression. Upon examination, there was tenderness to palpation and spasm over the thoracic and lumbar spines. There was also a noted decrease in range of motion and 4/5 strength. The diagnoses were a sprain/strain of the lumbar and thoracic/lumbosacral neuritis/radiculitis, unspecified. Prior therapies included psychotherapy and medications. The provider recommended psych testing for chronic pain, stress, anxiety and depression. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Testing (96101) Psychological Testing, Interpretation and Reporting Per Hour By A Psychologist (Per Hour): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The request for psych testing, psychological testing, interpretation and reporting per hour by a psychologist per hour is non-certified. The California MTUS/ACOEM Guidelines state that the frequency of followup visits may be determined by the severity of symptoms, whether the injured worker was referred for additional testing and/or psychotherapy and whether the injured worker is missing work. These visits allow the physician and injured worker to reassess all aspects of the stress model. They also reinforce the injured worker's supports and positive coping mechanism. Followup by a physician can occur when a change in duty status is anticipated, such as modified, increased or full duty. The injured worker has had previous psychological therapy, and the date that previous psychological testing was completed was not provided. Additionally, the provider's request did not indicate which psychological testing is indicated in the request as submitted. As such, the request is non-certified.