

Case Number:	CM14-0126020		
Date Assigned:	09/05/2014	Date of Injury:	08/12/1994
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine 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:

This case involves a 51 year old female injured worker who sustained a work injury on 8/12/94 involving the low back. She was diagnosed with chronic back pain and lumbago. She had additional diagnoses of depression and chronic insomnia. She had been treated with oral analgesics and muscle relaxants for pain management. A behavioral health appointment on 2/20/14 indicated the claimant had been depressed. She was discouraged with behavioral coping skills. A progress note on 6/19/14 indicated she had been feeling "down". She had increased anxiety. She had been on Risperdal from prior outpatient psychiatry visits but it caused sleep walking. She had been more irritable and depressed. She had counseling in the office and was recommended to continue the Risperdal. On July 23, 2014, a request was made for 3 hours of psychological testing to determine psychological barriers that may prevent the claimant from living a productive life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing, 3 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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

Decision rationale: According to the MTUS guidelines, 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.) For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Based on the fact that the injured worker had persistent depression despite seeing behavioral health as well as using mood stabilizers and anti-psychotics, psychological testing is appropriate and medically necessary to determine the variables that need to be addressed to improve the claimant's function. As such, this request is medically necessary.