

<b>Case Number:</b>	CM14-0158309		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 a licensed Psychologist 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 claimant is a 34 year-old female with a date of injury of 3/30/13. The claimant sustained injury to her back while working for [REDACTED]. The mechanism of injury was not found within the limited medical records submitted for review. In his PR-2 report dated 7/2/14, [REDACTED] diagnosed the claimant with: (1) Sprain/strain-lumbar; (2) Thoracic/lumbosacral neuritis/radiculitis, unspecified; (3) Sciatica. It is noted that the claimant has participated in psychological services with Dr. Goalwin however, no psychological records were included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCH TESTING X 2 UNITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Page(s):.

**Decision rationale:** The CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on the review of the limited medical records, which did not

include any psychological records, the claimant has been receiving medical treatment with [REDACTED]. It is noted that the claimant has received psychological treatment from [REDACTED], however, due to insufficient information, the exact treatment, number of sessions, etc. is not known. There is no information within the records explaining the need for further psychological testing. Without information to substantiate the request, the request for "Psych Testing X 2 Units" is not medically necessary.