

<b>Case Number:</b>	CM14-0165670		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Psychology 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:

According to the records that were provided for this independent medical review, this patient is a 38 year old male who reported an industrial injury that occurred on July 27, 2012. The injury occurred during his normal work duties as an installer/apprentice when he was working on the 5th or 6th floor installing sound traps by standing on an 8 foot ladder, he was lifting a 200 pound trap and felt a slight pinch in his low back but continued to work; the next morning he was unable to get out of bed/unable to work. He has been diagnosed with a herniated disc 4-5 and stress secondary to industrial injury. This IMR will concern itself with the patient's psychological/psychiatric symptoms as they relate to the current requested treatment. According to a PR-2 progress report the patient continues to report low back and buttocks pain and reports a lot of stress from his injury and pain stating that he cannot concentrate, and his physician felt that he suffers from panic syndrome. A QME orthopedic report notes that he has depression due to being unable to work and has had a 60 pound weight gain and constant pain even with narcotics and muscle relaxers there is also a note of sexual dysfunction and increased migraines. There are several notes indicating hopelessness and depression. This IMR will address a request to overturn a non-certification for diagnostic testing x10 psychological testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Testing 96101 X 10- Psychological Testing:** Upheld

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

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

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist in the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. With regards to the current requested treatment modality, there is a significant indication that a psychological evaluation would be an appropriate intervention. The patient is presenting with symptoms of anxiety and depression that appear to warrant further attention. However, only a couple of psychological progress notes were provided for this request and they reflect depression and anxiety at a standard level of complexity for chronic pain patients. While a psychological evaluation is indicated, 10 hours of psychological testing including preparation is excessive and unwarranted. While the official guidelines do not provide a recommendation for the length of time that should be allocated to psychological evaluations but the therapist making the request noted the intention to use a battery of psychometric tests that contain redundancy. A simplified and shorter assessment procedure would be indicated as medically necessary. Because this request contains redundancy in the battery of tests suggested and excessive number of hours to complete a standard, uncomplicated, psychology evaluation (10) it is not medically necessary and therefore the utilization review determination of not medically necessary.