

Case Number:	CM14-0173494		
Date Assigned:	10/28/2014	Date of Injury:	09/09/2009
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 36 year-old male (██████████) with a date of injury of 9/9/09. The claimant sustained injury to his back while working for Joe's Sunrise Construction, Inc. In his "Primary Treating Physician's Supplemental Report" dated 10/6/14, ██████████ diagnosed the claimant with: (1) Lumbar degenerative disc disease at L4-L5; (2) Lumbar disc protrusion at L4-L5; (3) Lumbar stenosis at L4-L5; (4) Right lower extremity radiculopathy; and (5) Status post lumbar microdiscectomy surgery by ██████████ in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing 6.0 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397, 398.

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

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. In his "Primary Treating Physician's Supplemental Report" dated 7/28/14, ██████████ requested an "authorization for psychological clearance prior to spine surgery" which was written in the RFA dated 9/10/14 and subsequently authorized in

authorization letter #91695 dated 9/18/14. The request under review is based upon [REDACTED] RFA dated 9/24/14. It is unclear why [REDACTED] requested 6 hours of psych testing when this is implied under the authorization for a psychological evaluation. Given that the claimant received an authorization to complete a psychological evaluation for the clearance of his spine surgery, additional psychological testing is not needed. As a result, the request for "Psych testing 6.0 hours" is not medically necessary.