

<b>Case Number:</b>	CM14-0041785		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 is a 69 year old male who was injured in September of 2012. In February of this year the patient underwent a series of psychological tests. He was noted to be anxious and depressed with feelings of hopelessness and worthlessness along with impaired concentration and recent memory. A tentative diagnosis of chronic pain associated with both psychological factors and a general medical condition was noted. No treatment recommendations were offered. The provider submitted a poorly legible note dated 3/19 indicating that the patient was receiving follow up therapy. The submitted information contained extensive orthopedic records but no other information regarding the patient's psychiatric condition, treatment course or current status. The provider has requested coverage for psych testing which was denied by the previous reviewer due to lack of medical necessity. This is an independent review of medical necessity for the request for coverage for psych testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-pain interventions and treatments Page(s): 100-101.

**Decision rationale:** The State of California MTUS recommends psychological evaluations. However this patient has already had a psychological testing within the past year and as noted above the treating provider has not indicated the patient's current status. No rationale for another battery of psychological tests such as unsatisfactory treatment response or unclear diagnosis is noted in the materials received. The above cited reference does not indicate repeat psychological testing and absent any additional information supporting another battery, the request for psych testing should be considered as not medically necessary according to current evidence based best practice guidelines.