

<b>Case Number:</b>	CM14-0046812		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Psychiatry 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:

Injured worker is a 27 year old female with date of injury 1/10/2013. Date of the UR decision was 3/21/2014. Report dated 11/12/2013 indicated that she was struck by a vehicle while at work, because of which she sustained bruises, cuts and sprained her left knee for which she had to miss two weeks right after the injury. Per that report, she suffered from 7/10 back pain, neck pain and shoulder pain. The report indicated that she presented with sad, depressed mood, feelings of hopelessness, helplessness, reduced enjoyment of her usual recreational outlets, sleep disturbance/nightmares 3-4 times per week and flashbacks five times a day. She had been overeating per the report and had a weight gain of 32 lbs. She was also reported to have hypervigilance and increased startle response. Her Beck Depression Inventory score on 11/12/2013 was 26/63 (moderate depression) and Beck Anxiety Score was 21/63 (low-moderate range). She was given the diagnosis of Post-Traumatic Stress Disorder and Depressive disorder NOS (Not Otherwise Specified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychodiagnostic testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC - Mental Illness & Stress procedure summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

**Decision rationale:** The submitted documentation suggests that she had a Beck Depression Inventory score on 11/12/2013 of 26/63 (moderate depression) and Beck Anxiety Score of 21/63 (low-moderate range). She was given the diagnosis of Post-Traumatic Stress Disorder and Depressive disorder NOS (Not Otherwise Specified) per that report. ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The Injured Worker underwent some Psychological testing on 11/12/2013. There is no further information since then regarding any change in psychological symptoms being experienced by the injured worker. The request for Psychodiagnostic testing is not medically necessary at this time.