

Case Number:	CM14-0056352		
Date Assigned:	07/09/2014	Date of Injury:	09/13/2007
Decision Date:	11/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 49 year old female with date of injury 9/13/2007. Date of the UR decision was 4/17/2014. Mechanism of injury was described as an assault at work place. Report dated 4/3/2014 suggested that the injured worker wanted to consult with a Psychiatrist as she was experiencing difficulty dealing with her issues. Marked neck stiffness and marked reduction in neck motion were noticed by the treating provider. She was being treated for blurred vision and possible migraine headaches. He was being prescribed Celebrex, Dexilant, Hydroxychloroquine and Oxycodone- Acetaminophen. The documentation suggests that she saw a Psychiatrist in 2007, however there is no clear documentation regarding the details of the treatment. The injured worker has been given the diagnosis of Depressive disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing and reports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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: 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 subacute 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 request for Psychological testing and reports is not medically necessary as there is no documentation regarding the type of psychological testing requested the number of sessions or the goals of the treatment.