

Case Number:	CM14-0071449		
Date Assigned:	07/16/2014	Date of Injury:	07/12/2012
Decision Date:	08/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 Texas. 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 injured worker is a 53-year-old male who reported an injury on 07/12/2012 due to an unspecified mechanism of injury. It was noted that he had undergone an amputation of the right foot on 02/02/2014. Documentation regarding subjective complaints, objective examination, diagnostic testing, diagnoses, and medications was not provided. Past treatment includes surgery. The treatment plan was for psych testing times 15. The request for authorization form was signed on 05/07/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing times 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The injured worker was noted to be status post amputation of the right foot performed on 02/02/2014. The California MTUS Guidelines state that psychological consults should be considered if there is evidence of depression, anxiety, or irritability. There was a lack of documentation regarding evidence of depression, anxiety, or irritability to indicate the need

for psychological testing. There is a lack of documentation regarding a clear rationale for the medical necessity of psychological testing. The request is not supported by the guideline recommendations as there was no documentation submitted to support that the request is medically necessary. Given the above, the request is not medically necessary.