

Case Number:	CM14-0074491		
Date Assigned:	07/16/2014	Date of Injury:	09/13/2007
Decision Date:	11/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/20/2014

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 49 year-old female (██████████) with a date of injury of 9/13/07. The claimant sustained injury to her back while working for ██████████. The mechanism of injury was not found within the medical records. The claimant has been diagnosed in the past by ██████████ with: (1) Cervical disc herniation; (2) Cervical degenerative disc disease; (3) Systemic lupus erythematosus; (4) Ear, nose, throat symptoms; (5) Dysphagia; (6) Discogenic headaches; and (7) Balance disturbances. In his April 2014 PR-2 report, ██████████ diagnosed the claimant with: (1) Blurred vision; and (2) Possible migraine headaches. The claimant has been treated with medications, injections, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing and reports, 12 psychological visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Page(s).

Decision rationale: The CA MTUS guideline regarding psychological evaluations as well as the use of behavioral interventions will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in September 2007. In his April 2014 PR-2 report, [REDACTED] wrote, "I prescribed therapy for her. She should return back to prior therapist...have referred for psych issues to Post Traumatic Stress Clinic with [REDACTED] and [REDACTED] psych." It is unclear why [REDACTED] recommended psychological services as there were no psychiatric symptoms discussed in his report. Despite the lack of symptoms mentioned, the claimant was authorized in April 2014 to complete a psychological evaluation. It is not clear whether an evaluation was conducted as there were no psychological records included for review. Given that the claimant was already authorized for a psychological consultation, the request for psychological testing is redundant. Additionally, the need for follow-up treatment cannot be determined until after an evaluation has been conducted that will not only offer more specific diagnostic information, but also offer appropriate treatment recommendations. As a result, the request for "Psychological Testing and reports, 12 psychological visits" is not medically necessary.