

<b>Case Number:</b>	CM14-0154578		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Psychologist (PHD, PSYD), has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 57-year-old male [REDACTED] who suffered an unknown work related injury to his cervical and lumbar spine on 11/09/1995. The injured worker sustained injury while working as a warehouse janitor for [REDACTED]. Per the physician notes from 06/24/14 he uses Ibuprofen, Cymbalta, and Gabapentin for pain control and has completely stopped Methadone. He underwent ACDF surgeries in 1999, 2003, and 2005. He states that he stopped his counseling sessions as insurance refused to continue coverage. Since then, he has been feeling more depressed. He denies thoughts of self-harm. He feels like he is in pain all the time and this seems to overwhelm him. He tries to exercise but cannot seem to have the will to do this because he is afraid of having his pain return to severe levels, and as he is off all narcotics, he would not have medication to deal with the pain. He has difficulty sleeping. He has an authorization letter dated 02/29/13 for a psychiatric consult that he never used. He says he never scheduled the visit because he forgot about it. He would like to have the consult now. The recommendation is for neurocognitive testing and psychological testing. These treatments were denied by the Claims Administrator on 08/28/2014 and were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurocognitive Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Neuropsychological Testing

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

**Decision rationale:** The CA MTUS does not address the use of neurocognitive testing therefore; the Official Disability Guideline regarding the use of neuropsychological testing will be used as reference for this case. Based on the review of the medical records prior to August 2014, the injured worker had been participating in psychotherapy with [REDACTED] for several years, but discontinued due to the insurance no longer providing coverage. It is unclear when exactly those sessions ended, however, it is reported that they were discontinued sometime in 2013. There does not appear to be any information within the submitted records that indicate a need for neurocognitive testing. Although there are reports of some depression and anxiety, there is no mention on any of the medical records as to any cognitive deficits that would need to be assessed via a neuropsychological evaluation. Without any information to substantiate the request, the request for Neurocognitive Testing is not medically necessary.

**Psychological Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Psychological Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations, which include psychological testing, will be used as reference for this case. Based on the review of the medical records prior to August 2014, the injured worker had been participating in psychotherapy with [REDACTED] for several years, but discontinued due to the insurance no longer providing coverage. It is unclear when exactly those sessions ended, however, it is reported that they were discontinued sometime in 2013. In several of the progress notes from the treating physician, [REDACTED], and/or Physician Assistant, [REDACTED], it is noted that the injured worker reports feeling depressed and overwhelmed. Given that the injured worker has not participated in psychological services for several months, if not a year, the request for a current psychological evaluation/psychological testing appears appropriate in order to evaluate the injured worker's current mental status. As a result, the request for Psychological Testing is medically necessary.