MAXIMUS Federal Services

Case Number:	CM14-0166758		
Date Assigned:	10/14/2014	Date of Injury:	08/21/2010
Decision Date:	05/08/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 48 year old, male who sustained a work related injury on 8/21/10. The diagnoses have included compression fractures of lumbar vertebrae, lumbar disc protrusion, back pain with myelopathy and plantar fasciitis. Treatments have included physical therapy, lumbar nerve blocks, MRIs of lumbar spine, ankle supports, TENS unit therapy and medications. In the Agreed Medical Evaluation dated 10/30/13, the injured worker complains of back pain and pain in both heels, right worse than left. He has stiffness in the right leg. He feels weakness in right leg. He has tingling in right leg. He rates his pain a 4/10. He has tenderness over plantar surface of both heels, right greater than left. Future medical care was discussed. More recent treatment notes not available in the medical records. The requested treatments of baseline pain psychological testing and electronic psychological testing are not noted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Pain Psychological Testing BBH12-P3 and Electronic Psych Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: 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." Upon review of the submitted documentation, there is no clinical rationale for the need for specific psychological testing such as a Baseline Pain Psychological Testing BBH12-P3 and Electronic Psych Testing at this time. Therefore, the request is not medically necessary.