

Case Number:	CM14-0198710		
Date Assigned:	12/09/2014	Date of Injury:	08/10/2012
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Psychologist (PHD, PSYD), 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:

According to the provided records, this patient is a 31 year old female who reported a work-related injury that occurred on August 10, 2012 while employed for [REDACTED]. She reports first experiencing pain, numbness, and throbbing in the hands and arms in 2012 due to repetitive work in food preparation and food service. She reported good relief from injections in her hands and arms and overall pain relief of 50% from conservative treatment, but has significant continued pain and is being for right shoulder surgery. A partial list of her medical diagnoses include: chronic cervical strain and myofascial pain syndrome with right shoulder impingement syndrome, bilateral epicondylitis and bilateral thumb CMC joint synovitis. This IMR will focus on the patient's psychological symptoms as they relate to the current requested treatment. She reports psychological injury of resulting depression and anxiety frustration due to inability to perform self-care and childcare. The patient had a psychiatric QME evaluation on April 30, 2014. It was noted that her depression began when she found her medical doctors unable to help further improve some of her pain problems. She reports being sad, hopeless, and anxious at night 3 to 4 times a week and attempts to ignore her feelings of depression during the day as she doesn't want her children to be upset. She feels sad because she cannot pick up her daughter due to physical pain. There is a history of domestic violence preceding the injury. She has been diagnosed with the following psychological disorders: Depressive Disorder, Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified and Pain Disorder with Psychological Factors and a General Medical Condition; Rule out Sleep Disturbance; Narcissistic and Paranoid traits noted. The recommendation was for cognitive behavioral therapy treatment, biofeedback, and a sleep study. A request was made for psychological testing x 6 hours, testing interpretation by tech x 3 hours, request was non-certified. This IMR will address a request to overturn the utilization review determination for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing x 6 hours testing interpretation by tech x 3 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluations Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The requested treatment for psychological testing is not medically necessary. The medical records that were provided for this review contain a comprehensive and thorough psychological/psychiatric evaluation that discusses the patient's psychiatric symptomology in a 23 page document. Extensive psychological tests were used including a comprehensive battery of assessment tools that included the MMPI, MCMI, Beck anxiety/depression inventories and at least 3 others. The request for additional psychological testing would be redundant with this treatment evaluation that is already been conducted recently enough in April 2014. The rationale for additional comprehensive psychological testing was not sufficiently stated in a manner that would suggest the need to repeat the testing that is already been done. The testing and evaluation resulted in a comprehensive diagnostic picture of the patient as well as comprehensive treatment recommendations. Because the medical necessity of the requested procedure was not established, the procedure is not medically necessary.