

<b>Case Number:</b>	CM14-0203203		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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:

The injured worker is a 51 year-old male [REDACTED] with a date of injury of 5/27/2010. The injured worker sustained injury to his neck and back when he was involved in a motor vehicle accident in which he was hit by another vehicle while working for Sevan Plumbing. In his "Primary Treating Physician's Orthopedic Reevaluation Post P&S" dated 10/15/14, [REDACTED] diagnosed the injured worker with: (1) (1) Work related motor vehicle accident; (2) Cervical spine strain, MRI evidence of 3-4mm disc protrusion at C5-6 and C6-7, 2mm disc protrusion as C3-4, EMG/NVC evidence of acute left C5-6 cervical radiculopathy; and (3) Lumbar spine strain with radicular complaints, MRI evidence of 3-4 mm disc protrusion at L4-5 and 2 mm disc bulge at L5-S1. The injured worker has been treated with chiropractic, medications, acupuncture, and physical therapy. The request under review is for subsequent psych testing however, in the vast medical records submitted, there are no psychological/psychiatric medical records submitted for review to elaborate on the request or offer more information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsequent psych testing:** Upheld

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

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

**Decision rationale:** The medical records included for review failed to offer any psychological/psychiatric information to support and substantiate the need for any psychological testing. Unfortunately, without any sufficient information, the need for psychological testing, let alone any subsequent psych testing cannot be determined. As a result, the request for "subsequent psych testing" is not medically necessary.