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| Case Number: | CM14-0204136 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/19/2006 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Psychiatrist (MD), has a subspecialty in Neurology, Addiction Medicine, Geriatric Psychiatry, 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:

Records reviewed include 45 pages of medical and administrative records. The injured worker is a 66 year old male, whose date of injury is 06/16/2008. He suffers from spondylolisthesis of L5-S1 and stress. He has tried physical therapy and pain medications, which apparently were not helpful. According to the progress note of on 09/23/2014 he feels the stress was being brought on by his injuries, and was requesting psych evaluation for depression and anxiety. According to the initial psychological evaluation of 10/14/2014, he was seen by a QME psychologist in the past who determined that the patient's stress is industrially related. He indicated that he had not been taking any pain meds, only Klonopin for sleep and anxiety which he obtained from his doctor in [REDACTED]. The patient was sad, irritable, negativistic, sensitive, anxious and withdrawn, appeared to be depressed, and was agitated. He showed decreased motor activity and unusual gait. Speech was in limited amounts, slow and soft. Consciousness was cloudy, with inability to concentrate and poor recent memory. Serial sevens were performed poorly and he showed poor insight. On 11/5/2014, the UR modified 6 neuropsychological testing to one visit for the diagnosis of pain disorder related to psychological factors, which was felt to be medically necessary and appropriate as related to the compensable injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Neuropsychological testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluations.

Decision rationale: The patient suffers from pain disorder related to psychological factors. QME had determined that the patient's stress was industrially related. Prior UR of 11/5/14 modified the request for six neuropsychological testing to one visit based on medical necessity and appropriateness related to the compensable injury. These evaluations may provide a better understanding of the patient in their social environment, as well as predict who has a high likelihood of developing chronic pain and/or disability. This should allow for a more effective rehabilitation. However, ODG points out that not every person experiencing chronic pain requires psychometric testing, only those with complex or confounding issues and it can be useful or detrimental depending upon the psychologist. Careful selection is required. Psychometric tests have different purposes, and the appropriate test should be selected for the individual patient. Given this, and the fact that testing is not time limited, there is no reason to allow for multiple sessions. Therefore, this request is not medically necessary.