

<b>Case Number:</b>	CM14-0207038		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of November 9, 1995. A utilization review determination dated December 1, 2014 recommends noncertification of GAD-7 and CESD-R tests. Noncertification was recommended due to lack of subjective complaints or objective findings of any anxiety or depressive disorders, lack of documentation of previous psychological screening or attempts at management, and lack of guideline support for psychological tests as a 1st line option. A progress report dated October 3, 2014 identifies subjective complaints of no change in low back pain with ongoing radiation into both legs with numbness and tingling. Physical examination reveals full range of motion in the lumbar spine with some tenderness. Diagnoses include displacement of lumbar intervertebral disc, sacroiliac sprain, and lumbar neuritis. The treatment plan recommends [REDACTED] Pain Program, medication, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GAD-7 & CESD-R Test:** 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), Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101 of 127. Decision based on Non-MTUS Citation

MTUS Official Disability Guidelines (ODG), Mental Illness and Stress, CES-D (Center for Epidemiological Studies Depression Scale).

**Decision rationale:** Regarding the request for psychological testing, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. ODG states that CES-D is not recommended as a 1st line option psychological test in the assessment of chronic pain patients. Within the documentation available for review, there are no subjective complaints of psychological issues. Additionally, there is no identification of any mental status examination supporting a diagnosis of any psychological issues. Finally, there is no information indicating how the currently requested psychological testing will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested psychological testing is not medically necessary.