

Case Number:	CM15-0139165		
Date Assigned:	07/29/2015	Date of Injury:	10/19/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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

Certification(s)/Specialty: Psychologist

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 45 year old male, who sustained an industrial injury on October 19, 2011, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Electromyography studies showed sacral radiculopathy. A lumbar Magnetic Resonance Imaging revealed disc herniation. Treatment included pain medications, neuropathic medications, orthopedic consultation, physical therapy and surgical interventions. In December, 2013, the injured worker underwent surgery to remove hardware from a prior surgery and decompression of the lumbar spine. Post-surgery he had severe headaches and was diagnosed with a spinal leak fluid. He returned to surgery to correct the spinal leakage. Currently, the injured worker complained of persistent low back pain with weakness, pain, numbness and tingling into the lower extremities. He was noted to have tenderness and spasms of the lumbar spine and decreased range of motion. He used a cane for ambulation. He also complained of frequent headaches. The treatment plan that was requested for authorization included five sessions of psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing, five sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with psychometric testing with [REDACTED] on 4/29/15. The request under review is for 5 additional psychological testing sessions. However, it is unclear from the records as to the purpose for additional psychological testing. As a result of an insufficient rationale to substantiate the request, the request for 5 psychological testing sessions is not medically necessary.