

Case Number:	CM15-0160819		
Date Assigned:	08/27/2015	Date of Injury:	11/13/2013
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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 56 year old male who sustained an industrial injury on 11-13-13. He had complaints of right knee pain and low back pain with radiation below the right knee to the foot. He had right knee arthroscopic surgery on 5-20-14. Progress report dated 4-17-25 reports continued complaints of low back pain with radiation below the right knee and right knee pain. The pain is constant and worsens with walking. Medications and therapy help to relieve the pain. Diagnoses include: lumbar radiculopathy on the right and right knee arthritis. Plan of care includes: candidate for transforaminal epidural steroid injection at L5 and S1 on the right, if the epidural does not relieve the pain he should go through with functional restoration program prior to being made permanent and stationary. Work status: modified work with limitation to walking and standing to one hour in his shift, no lifting greater than 5 pounds, no repetitive bending of the lumbar spine, no climbing stairs, no pushing or pulling requiring greater than 15 pounds f force. If modified work is not available, he would be on temporary disability. Visit note dated 4-23-15 reports results of psychological testing done on 4-17-15. Three psychological test were performed, based on the results the injured worker is a candidate for functional restoration evaluation if he does not improve with medical or surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing (retrospective DOS 4/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychological evaluations.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in November 2013. He consulted pain medicine physician, [REDACTED], on April 17, 2015. During the initial appointment, [REDACTED] had the injured worker complete the MBMD, SCL-90-R, and the P-3. It is the administration of these tests for which the request under review is based. Although the CA MTUS supports and recommends the use of psychological tests during a psychological evaluation, [REDACTED] is not a psychologist and the visit was not part of a thorough psychological evaluation. It is unclear whether [REDACTED] utilizes these assessment tools on a routine basis on all initial visits or if he suspected that the injured worker was experiencing psychological symptoms that were potentially interfering with his recovery. Neither way, the administration of these tests were not a part of a psychological evaluation and do not appear to have been necessary at the time of their administration. As a result, the request for retrospective psychological testing is not medically necessary.