

<b>Case Number:</b>	CM15-0162428		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 50 year old male, who sustained an industrial injury on December 3, 2012. He reported injuries to his right shoulder and low back. Treatment to date has included work restrictions, diagnostic imaging, pain medications, physical therapy, lumbar spine microdiscectomy and decompression surgery, right shoulder arthroscopic surgery, epidural steroid injection, and psychotherapy. Currently, the injured worker complains of dizziness during the day and daytime sleepiness. He reports morning headache and worsened anxiety about his finances. He has a fluctuating mood and a highly depressed state with feelings of hopelessness, helplessness, isolation, guilt, and worthlessness. He reports insomnia and has crying spells. The diagnoses associated with the request include major depressive disorder and pain disorder associated with both psychological factors and general medical condition. The treatment plan includes continued psychotherapy for anxiety and major depressive disorder, Abilify, Wellbutrin, psychiatric testing and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101 and 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Stress and Mental Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, pages 100 and 101.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. A request was made for psych testing; the request was non-certified by utilization review which provided the following rationale for its decision: within the associated medical file, there is documentation of depression and anxiety. However, given documentation of the associated request for Beck Depression Inventory and Beck Anxiety Inventory, there is no documentation of a rationale identifying the medical necessity of a concurrent request for psych testing area in addition, there is no documentation of the discussion or rationale as to why such may not be applicable. This IMR will address a request to overturn the UR decision. The medical necessity the request for psych testing is not been established by the medical records and documentation provided for this IMR. The medical records reflect that on March 5, 2015 the patient had a psychological evaluation and testing including multiple assessment tools such as Beck Depression Inventory, Epworth Sleepiness Scale, P3, MMPI and at least 3 more tests. Over 2000 pages of medical records were submitted for consideration. A list of the exact tests being requested was not readily found, a clear rational for the reason for the additional psych testing was not found. Given that the patient had psych testing in March 2015 this request appears redundant. For these reasons the medical necessity of this request is not medically necessary.