

<b>Case Number:</b>	CM15-0181268		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 68 year old female injured worker suffered an industrial injury on 2-1-2011. The diagnoses included complex regional pain syndrome and thoracic outlet syndrome and "some depression" On 8-21-2015 the treating provider reported ongoing pain to the neck and arms. The pain was rated 5 out of 10 at the base of the neck as well as pain and edema over the thoracic outlet and intermittent shooting pain down both arms and fingers. The provider noted; "Her mood had been poor secondary to the injury". The provider requested Guided Meditations class. The Utilization Review on 9-9-2015 determined non-certification for Electronic psych testing times 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electronic psych testing times 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 Pain Chapter - Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**Decision rationale:** The Industrial Guidelines do not specifically address Electronic psych testing: but does address the issue under the topic of Psychological Evaluation. 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. The request was made for "electronic psych testing x 6", the request was non-certified by utilization review which did not provide a specific rationale for its decision other than mentioning the relevant MTUS and ODG citations. This IMR will address a request to overturn the utilization review decision. Decision: All the provided medical records were carefully reviewed for this IMR. The medical necessity of the requested treatment procedure could not be established by the provided documentation. There was no clear statement of rationale for this request. It is not known why electronic psych testing is needed at this juncture for this patient. In addition, the specific psychological tests being requested was not clearly stated and is also unknown. Furthermore, it is not known whether she is currently in treatment and this is a request for psych testing in order to document patient response to treatment or if this is a request for psych testing to do an assessment to determine whether or not she is experiencing psychological sequelae as a result of her industrial injury furthermore additional information would be needed in order to establish the basis for this request. For this reason the request is not medically necessary and utilization review decision is upheld.