

Case Number:	CM15-0190364		
Date Assigned:	10/01/2015	Date of Injury:	06/27/2008
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 55-year-old female, who sustained an industrial injury on 6-27- 08. Medical records indicate that the injured worker is undergoing treatment for cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, spasm of muscle, post-laminectomy syndrome of the cervical region, osteoarthritis unspecified, pain in the joint of the shoulder, lumbosacral spondylosis without myelopathy, cervical disc degeneration, cervicgia, chronic pain syndrome, sleep disturbance and long-term use of other medications. The injured workers current work status was not identified. On (8-27-15) the injured worker complained of diffuse low back pain, neck, and right upper extremity pain. Objective findings noted that the injured workers gait and movements were within baseline for their level of function. Neurological examination revealed no apparent gross deficiencies. The injured worker did not report any intent to harm themselves or others. The injured worker reported that any mood disorder that they experience is stable and under control and does not adversely affect the treatment of their chronic pain or their medication use. Treatment and evaluation to date has included medications, urine drug screen, physical therapy, acupuncture treatments and relaxation therapy. Current medications include Topamax, Lansoprazole, Etodolac, Norco, Nortriptyline, Cyclobenzaprine, Simvastatin, Atenolol and Metformin. The request for authorization dated 8- 28-15 requested electronic psychological testing # 12. The Utilization Review documentation dated 9-3-15 non-certified the request for electronic psychological testing # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic Psych Testing x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/16340594>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Decision: a request was made for electronic psych testing x 12; the request was not certified by utilization review, which provided the following rationale for its decision: [REDACTED]. requests authorization for electronics psychological testing but offers no rationale for this intervention. The clinical standard of care and medically appropriate intervention would be a psychological evaluation by a clinician skilled in chronic pain. Psychological testing, without face-to-face psychological evaluation, it is not warranted on an industrial basis as per the industrial guidelines." This IMR will address a request to overturn the utilization review decision. The medical necessity the requested treatment is not established by the provided documentation for the following reasons: there is no clear explanation for the rationale for this request. There are no psychological treatment records for psychological evaluations provided in the medical records. Although hundred and 74 pages of medical records were provided regarding the patient's physical condition, there were no psychological reports or indications whether or not she has received psychological treatment in the past. There is insufficient psychological related information to support this request. Typically, a psychological evaluation with face-to-face clinical interview is the standard of care. Is not clear whether or not she has received a comprehensive psychological evaluation the past and if so when it occurred and why a electronic psychological assessment is needed now. The medical records do contain ample information regarding difficulties in obtaining her pain medications and work comp related frustration. Without further detailed information, the medical necessity of this request was not established and utilization review decision is not medically necessary due to insufficient documentation.