MAXIMUS Federal Services

Case Number:	CM15-0194871		
Date Assigned:	10/08/2015	Date of Injury:	12/29/2011
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 was a 61 year old male, who sustained an industrial injury, December 29, 2011. The injured worker was undergoing treatment for lumbar disc syndrome, radicular neuralgia bilateral legs, cervicothoracic sprain and or strain, headaches, supraspinatus sprain and or strain left shoulder, carpal tunnel syndrome bilaterally and right inguinal hernia. According to progress note of July 22, 2015, the injured worker's chief complaint was constant low back pain rated at 7 out of 10 with radiation into both legs. Constant left shoulder pain which was rated at 6-7 out of 10 with limited range of motion. The left arm felt heavy. The constant neck and upper back pain rated at 7 out of 10 which extended into both arms. The pain in both wrists described as constant and rated at 5 out of 10. The injured worker was having headaches and very anxious. The physical exam noted decreased range of motion in the lumbar spine and cervical spine. The Kemp's testing was positive bilaterally for lower back pain. Milgram's test was positive for lower back pain. There was tenderness with palpation over the spinous processes from T1- L5 and associated paraspinal musculature bilaterally. There was pain in the neck on all range of motion. There was tenderness with palpation over the spinous processes from C1-C7 and the associated paracervical musculature bilaterally. There was decreased range of motion in all planes of the left shoulder. The injured worker had pain in all range of motion for the left shoulder. The injured worker previously received the following treatments physical therapy for the left shoulder, left shoulder surgery, 3 injections to the left shoulder, Tylenol for pain and Umida for a skin condition. The RFA (request for authorization) dated July 22, 2015; the following treatments were requested psychological evaluation to help the injured worker deal with the chronic pain. The UR (utilization review board) denied certification on September 23, 2015; for psychological testing time 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing, once: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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

Decision rationale: Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 - 101 Citation Summary: 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 is 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. Decision: A request was made for psychological testing, once; the request was not on certified by utilization review which provided the following rationale for its decision: "Pain psych eval was certified. Current request is for unspecified testing cannot be certified as is not state what tests and for what reason. As such, the request is not supported. Therefore, the request is not supported as medically necessary and is not approved." This IMR will address a request to overturn the utilization review decision for non-certification and to prove "psych testing, once". The medical necessity of this request was not established by the provided documentation. The request is non-specific in terms of what is being requested. According to a treatment note from [redacted], there is a request on April 28, 2015 for neuropsychological testing. There is mention of headache and anxiety about incurring another injury. In another treatment progress note there is mention of depression. Is not clear whether this request is for the neuropsychological testing purpose of the house. No specific tests are mentioned. The request itself just is for "psych testing" which could refer to psychiatry, psychology, or neuropsychology. No specific tests are being requested. In addition according to the utilization review decision the patient has been approved for psychological evaluation which typically includes "psych testing." Unspecified requests for psychological testing and treatment necessitate detailed information regarding: what is being requested precisely as well as the

rationale for the request itself. According to a September 16, 2015 treatment progress note from the patient's primary physician, it is noted that the patient has been authorized for neurological evaluation for ongoing headache with [redacted], and psychological evaluation with [redacted] has also been authorized. Thus this request also appears to be possible redundant. The patient was injured over 3 years ago, prior psyches testing, if any has been completed would also be needed to establish medical necessity of this request. For these reasons the medical necessity of this request is not established. This is not to say that a request for psychological assessment would be inappropriate, or appropriate, for this particular patient only that this particular request is non- specific and therefore not medically necessary.