

<b>Case Number:</b>	CM15-0196668		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/31/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 35 year old female, who sustained an industrial injury on 3-31-14. She reported shock-like sensations in the left hand and wrist. The injured worker was diagnosed as having brachial neuritis or radiculitis, cervical disc degeneration, and myalgia and myositis. Treatment to date has included cervical epidural steroid injections, 24 physical therapy sessions, acupuncture, TENS, injections, and medication including Gabapentin, Meloxicam, Cyclobenzaprine, and Norco. The treating physician's report dated 9-24-15 noted the injured worker reported "generally experiencing a mood sometimes frustrated due to persistent pain related issues." On 9-24-15, the injured worker complained of neck and left upper extremity pain. On 9-28-15 the treating physician requested authorization for psychiatric testing x3 to better understand the pain. On 10-5-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric testing times 3 to better understand the pain:** Upheld

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

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

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since her work-related injury in March 2014. In the most recent progress report dated 9/24/15, [REDACTED] stated that the "Patient is experiencing an overall compromised mood due to their painful condition. They report that the frustrated mood is stable however..." Unfortunately, there is no other information to substantiate the need for any psychological testing/assessment. Without sufficient information nor rationale for psychological testing/evaluation, the request is not medically necessary. It is noted that all of [REDACTED] reports included for review indicate that the injured worker is a male and not accurately reflect that the injured worker is a female.