

Case Number:	CM15-0204946		
Date Assigned:	10/21/2015	Date of Injury:	06/21/2011
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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 63 year old female, who sustained an industrial injury on 06-21-2011. A review of the medical records indicates that the worker is undergoing treatment for major depressive disorder with suicidal ideation. Subjective complaints (08-10-2015) included unbearable neck pain that was rated as 7-8 out of 10 with weakness and numbness in the bilateral arms. The worker reported suffering from thoughts of harming herself or others. Objective findings (08-10-2015) revealed tenderness to palpation of the bilateral cervical paraspinals and trapezius, decreased range of motion of the cervical spine with pain and decreased left grip strength. The injured worker indicated that she did not feel that she could function due to pain. Subjective complaints during a psychological evaluation and report (09-02-2015) included daily headaches that were rated as 6-8 out of 10, blurring of vision in both eyes, daily chest pain associated with anxiety, daily stomach aches, indigestion weekly, lightheadedness three to five times a week, daily generalized weakness, difficulty with movement, difficulty concentrating, memory changes, daily anxiety and depression, emotional detachment, thoughts of killing herself nightmares, sleeping difficulty, weight loss and decreased energy levels. Objective findings (09-02-2015) included a depressed, upset and agitated affect. Psychological testing revealed the presence of bodily concern, depression, anxiety, somatization, psychological turmoil and emotional discomfort and anger. Treatment has included Norco, Norflex, Zolpidem, lumbar epidural steroid injection, physical therapy, acupuncture, transcutaneous electrical nerve stimulator and surgery. The psychologist noted that the injured worker needed psychological

treatment and that she would benefit from cognitive behavioral therapy. A utilization review dated 10-01-2015 non-certified a request for psych testing, six (6) to seven (7) hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Testing 6 - 7 Hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 completed a thorough and complex psychological evaluation with [REDACTED] on 8/26/15. In the subsequent report, dated 9/2/15, [REDACTED] recommended follow-up psychotherapy sessions. He also indicated in the report that a formal request for testing was to be made. The request under review is based upon this statement. However, it is unclear as to whether the request under review is for the retrospective 7 hours of testing already completed during the evaluation on 8/26/15, or if the request is for an additional 6-7 hours of testing. Retrospectively, psychological testing is a typical part of a psychological evaluation and should have been authorized as part of [REDACTED] evaluation. Prospectively, additional testing appears to be excessive. As a result, the request for psych testing 6-7 hours is not medically necessary.