

Case Number:	CM15-0025508		
Date Assigned:	02/18/2015	Date of Injury:	02/14/2014
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 57 year old male, who sustained an industrial injury on February 14, 2014. The diagnoses have included neck pain, sciatica and post-laminectomy syndrome. Treatment to date has included physical therapy, acupuncture, medication and activity modification. Currently, the injured worker complains of a graduation onset of neck pain described as burning pain and radiation into the bilateral upper extremities. He has low back pain with radicular pain, numbness and tingling into the right lower extremity. He underwent bilateral steroid injection which he reported provided resolved pain relief in the lumbar region. On examination, the injured worker had tenderness of the cervical paraspinal muscles and decreased sensation to light touch. On evaluation of his lumbar spine he had spasm and guarding. On January 23, 2015 Utilization Review non-certified a request for psych testing body part: psyche, noting that there is a lack of documentation indicating the injured worker's psychological treatment and/or change in status and a lack of documentation indicating the injured worker's current assessment and/or previous psychological treatment to warrant a second psychological evaluation. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of psych testing body part: psyche.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Testing Body Part: Psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no indication for Psych Testing Body Part: Psych in this case as the injured worker already underwent some Psychological testing in Sept. 2014. Therefore, the request for Psych Testing Body Part: Psych is not medically necessary.