

Case Number:	CM15-0210110		
Date Assigned:	10/29/2015	Date of Injury:	09/12/2012
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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 58 year old female who sustained an industrial injury on 9-12-12. A review of the medical records indicates that the worker is undergoing treatment for depressive disorder, anxiety disorder, left knee pain, left knee mild tri-osteoarthritis and possible lateral meniscus tear, left shoulder pain and weakness, left shoulder acromioclavicular osteoarthritis pain, and left shoulder glenohumeral moderate osteoarthritis and mild partial rotator cuff tear. Subjective complaints (9-17-15) include obsessive thinking, weight gain, hopelessness, chronic orthopedic issues, depressed mood, anxiety, anger, socially isolated due to situation, family stressors relating to job loss, and paranoia. Objective findings (9-17-15) include reduced hopelessness, reduced paranoia but high stress around various physical issues "that has improved gradually with renewed access to medical care", significant improvement in self care and coping, reduced obsessive thinking when apart from spouse, improved orientation, does well with therapy, and still struggles with issues with loss of job; loss of social support system around job. Previous treatment includes surgery, physical therapy, and cervical epidural injections. A request for authorization is dated 9-22-15. The requested treatment of psychological re-evaluation (2-3 hours) was certified and psychological testing (5-7 hours) was non-certified on 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing (5-7 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Diagnostic Testing. Decision based on Non-MTUS Citation http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053761.htm.

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 psychological evaluation with [REDACTED] in June 2015 with follow-up psychotherapy sessions commencing in July. Based on the UR report, the injured worker was authorized for 8 psychotherapy sessions. It is assumed that the injured worker has completed those 8 sessions however, the number of completed sessions to date is not documented in the progress notes. It is also unclear from the documentation as to the purpose for additional psychological testing, especially 5-7 hours worth of testing, considering that the injured worker completed a battery of tests in June and has been authorized for a short re-evaluation, which will likely include brief testing. As a result, the request for 5-7 hours of psychological testing is not medically necessary.