

<b>Case Number:</b>	CM15-0213475		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 46 year old female, who sustained an industrial injury on 3-13-2013. The injured worker was being treated for depression secondary to general medical condition, partner relational problem, and psychological factors affecting psychological condition. The injured worker (8-24-2015) reported ongoing bilateral arm pain post-surgery. The objective findings (8-24-2015) included the injured worker was calm and cooperative describing her injury and then became tearful when describing relationship issues with her boyfriend. The injured worker (8-27-2015) reported anxiety and depression. Associated symptoms included tiredness, fatigue, unable to get restful sleep, loss of interest in sex, increased appetite, and irritability. She reported ongoing partner relational problems with her boyfriend. The mental status evaluation revealed normal speech and language, a dysphoric mood yet agitated and fidgety, no hallucinations or delusions, no unusual or remarkable thought content, and no suicidal ideations. Per the treating physician (8-27-2015 report), diagnostic studies included a mental status evaluation, Beck Depression Inventory II, Beck Anxiety Inventory, Incomplete Sentence adult form, Millon Behavioral Medicine Diagnostic, Millon Clinical Multiaxial Inventory III, Brief Battery for Health Improvement 2, and Test of Memory Malingering. Per the treating physician (8-27-2015 report): The Beck Depression Inventory II revealed a score of 47, which was within the severe range of depression. The Beck Anxiety Inventory revealed a score of 35, which was within the severe range of anxiety. The Incomplete Sentence adult form revealed the injured worker completed most of the incomplete sentences and she appeared willing to express her thoughts and feelings. The Millon Behavioral Medicine Diagnostic results suggested the injured worker

was "extremely sensitive of changes in her bodily functions, which may result in many hypochondriacal complaints", "may display an inability to manage on her own", generally uncommunicative and introverted, and feels hopeless about her health. The Millon Clinical Multiaxial Inventory III revealed "a broad tendency to magnify level of experienced illness or characterological inclination to complain or be self-pitying, and may convey feelings of extreme vulnerability associated with acute turmoil." The Brief Battery for Health Improvement 2 revealed a pattern of response that "may suggest a somatoform disorder of the histrionic type with diffuse unexplained medical symptoms with high levels of emotional distress." The Test of Memory Malingered revealed a score of 36 on the first trial, 40 on the second trail, and 43 on the retention trial, which "appear to indicate low effort, feigned memory impairment, or potential malingering." Treatment included a referral to a psychiatrist. Per the treating physician (8-27-2015 report), the injured worker has not returned to work. The requested treatments included 8 sessions of psychological testing. On 10-22-2015, the original utilization review non-certified a request for 8 sessions of psychological testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological Testing QTY: 8:** 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 completed an initial psychological evaluation with [REDACTED] on 8/27/15. In the subsequent report, [REDACTED] recommended an initial 8 follow-up psychotherapy sessions. However, the request under review is for 8 psychological testing sessions. It is unclear as to the request for an additional 8 hours of psychological testing as the injured worker completed a full battery of tests as part of the August psychological evaluation. It is possible that the request for 8 hours of testing was made as a mistake rather than requesting 8 sessions of psychotherapy. Either way, the request is for psychological testing qty. 8, is not reasonable and not medically necessary.