

Case Number:	CM15-0216323		
Date Assigned:	11/06/2015	Date of Injury:	08/30/2005
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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 59 year old male injured worker who sustained an industrial injury on August 30, 2005. Medical records indicated that the injured worker was treated for left knee pain. He rates his pain 3 on the pain scale with medications and 6 on the pain scale without pain medications. Medical diagnoses include head injury with loss of consciousness and subsequent headaches, memory loss, poor concentration and tinnitus in both ears, psychiatric depression and anxiety, cervical spine sprain strain with multilevel cervical disc protrusion and bilateral cervical 6 radiculopathy, bilateral shoulder pain with internal derangement, lumbar spine strain sprain with bilateral lumbar facet joint mediated pain on physical exam and multilevel lumbar disc protrusions with annular tears at L4 L5 and L5 S1, bilateral knee arthralgia with evidence mild osteoarthritis and diabetes mellitus. In the provider notes dated October 16, 2015, the injured worker complained of bilateral knee pain. His symptoms are worse with walking and standing and sitting for more than 30 minutes. His gait is altered due to knee pain. His knee pain has also caused back pain. He has 50% improvement in pain levels with the use of Norco and 40 to 50% improvement in functional ability. "He has failed Cymbalta due to side effects." On exam, the documentation stated the injured worker ambulates with a cane. There was tenderness to palpation over the bilateral knee joints particularly over the inferior medial and lateral joint line. There is pain and stiffness with range of motion. The treatment plan is for medication refills. Previous treatment includes psychological consult and evaluation, medial branch nerve blocks, aquatic therapy treatments, psychiatrist and psychologist treatment, neurological consult, bilateral knee injections, chiropractic care, and vestibular rehabilitation therapy treatments. A Request for Authorization was submitted for psychological testing. The Utilization Review dated October 6, 2015 denied the request for psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing: Overturned

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 his work-related injury in 2005. He has also experienced psychiatric symptoms of depression and anxiety secondary to his chronic pain. He received psychiatric and psychological services in the past from [REDACTED] and [REDACTED]. Most recently, the injured worker was referred to [REDACTED] for psychological treatment. According to the records, the injured worker was to complete an initial evaluation with [REDACTED] on 9/23/15 (report was not included for review). It is unknown whether the evaluation had been previously authorized. This is important as an evaluation typically involves psychological testing. It is unclear as to why a separate request for psychological testing was made. Despite this confusion, the data from psychological testing is pertinent in order to gain more information regarding diagnostics and to offer appropriate treatment recommendations. As a result, the request for psychological testing is medically necessary.