

<b>Case Number:</b>	CM15-0216594		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 41-year-old male who sustained an industrial injury on 2-22-13. A review of the medical records indicates that the worker is undergoing treatment for left eye left side hemorrhage and optic nerve contusion, blunt head trauma secondary to motor vehicle accident with residual post concussion, head-bilateral orbital roof fractures, head-left frontal lobe supraorbital hematoma, head-occipital scalp laceration repair, head status post left frontal temporary craniotomy with evacuation of hematoma, cervical spine prevertebral soft tissue swelling at C1 and C2 without acute fractures, left wrist carpal tunnel syndrome, left wrist triangular fibrocartilage complex tear plus partial tear of the scapholunate ligament, right hand middle finger mallet finger deformity secondary to non-union of a fracture involving the basal lip of the distal phalanx, right wrist carpal tunnel syndrome, lumbar spine sprain-strain, right ankle sprain-strain anterior talofibular ligament and peroneal tendons, right ankle prominent bone bruise inferior anterior tibia, stress, anxiety and depression. Subjective complaints (9-1-15) include pain in the neck, increased pain with movement maneuvers, and constant pain to shoulders. The wrist, hands, and right ankle are reported to feel better, low back pain is constant and there is painful limited movement. Objective findings (9-1-15) include tenderness to palpation over the cervical spine over C6-7, left levator scapula, left upper trapezius, left rhomboids and lumbar spine at the midline and painful and limited lumbar spine range of motion with flexion and extension. A review of systems notes vomiting, seizures and depression. Work status was noted as he has not resumed any work activities since his last visit. Current medications are Trazodone, Kepra and Etodolac. Previous treatment includes psychiatric

treatment; medications, low back brace, and right ankle support. The treatment plan includes to continue current medication, await authorization for psychometric testing, await scheduling of neuro optometric, and await scheduling of psychiatric consultation. A request for authorization is dated 10-8-15. The requested treatment of re-evaluation for psychometric testing was non-certified on 10-15-15.

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

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

**Re-evaluation for psychometric testing:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Neuropsychological Testing.

**Decision rationale:** Based on the review of the medical records, the injured worker was referred for psychometric testing in early 2015. According to ██████████ progress notes, the injured worker was to be evaluated and tested by a ██████████. It is unclear whether the injured worker was ever tested by ██████████. ██████████ earliest notes discuss awaiting authorization. Notes from April through June indicate that the testing was rescheduled. The most recent progress note from September 2015, requests a re-evaluation. Unfortunately, the documentation is not clear as to whether testing was ever completed and there are no records from ██████████ included for review. Without sufficient information, the need for a psychometric re-evaluation cannot be determined. As a result, the request is not medically necessary.