

Case Number:	CM15-0030164		
Date Assigned:	02/23/2015	Date of Injury:	02/27/2013
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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 36 year old male who sustained an industrial related injury on 2/27/13 when the ladder he was on broke. The injured worker had complaints of low back pain and occipital pain. Diagnoses included lumbago and sciatica. Treatment included microdiscectomy at L5-S1, physical therapy, and cognitive behavioral therapy. Medications included Norco, Topamax, Abilify, Baclofen, and Ibuprofen. The treating physician requested authorization for electronic psych testing x6. On 2/3/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no indication of any significant current psychological symptoms or findings to support the need for additional psychological testing. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic psych testing; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter P-3; BBHI-2.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as symptoms of depression. It was recommended by his treating pain physician that he receive electronic psych testing (ie. the P-3 and PPHI-2) on a monthly basis within the pain physician's office in order to continually assess the relationship between the injured worker's pain and psychological issues. However, the injured worker completed a thorough psychological evaluation with psychologist, [REDACTED], in August 2014 and was authorized for 6 individual psychotherapy and biofeedback sessions in September 2014. Unfortunately, none of [REDACTED]' reports were included for review other than the initial evaluation. Considering the fact that the injured worker has received psychological services, the need for any additional psychological testing, especially from the pain physician's office and not from [REDACTED], does not appear necessary.