

Case Number:	CM15-0035491		
Date Assigned:	03/05/2015	Date of Injury:	04/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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 female patient, who sustained an industrial injury on 04/23/2013. A primary treating office visit dated 02/03/2015, reported subjective complaint of right ankle pain. Objective findings showed positive magnetic radiography study L4-5. The following diagnoses are applied; sprain of ankle; lumbar lumbosacral disc degeneration and depressive disorder. The injured worker is to remain off from work for psychiatric reasons. A request was made for outpatient psychologic testing. On 02/12/2015, Utilization Review, non-certified the request, noting Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed, McGraw Hill 2010; Physicians Desk Reference, 68th Ed, RX listing online and the ODG Formulary were cited. On 02/25/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric/medication management services from psychiatrist, [REDACTED] as well as monthly psychotherapy sessions from R.N./MFT, [REDACTED]. The number of completed psychotherapy sessions to date is not known as well as when they commenced. The request under review was made by psychologist, [REDACTED]. It is unclear at this time as to his role in the case. In the 11/13/14 psychotherapy progress note, [REDACTED] indicated that the injured worker's attorney "will be looking for a therapist for her that lives close to her home so that she can be seen three times a week." It is possible that [REDACTED] is the psychologist whom has been referred the injured worker's case however, this is an assumption as there is no information within the records to confirm this conclusion. Without more information to clarify the request, the request for psych testing is not medically necessary.