

Case Number:	CM15-0038923		
Date Assigned:	03/09/2015	Date of Injury:	07/10/2007
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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 07/10/2007. She has reported subsequent neck, back, bilateral arm pain and headaches and was diagnosed with mild central stenosis of the cervical spine, bilateral thoracic outlet syndrome, ongoing neck and bilateral arm pain and major depressive disorder. Treatment to date has included oral pain medication, epidural steroid injections and psychotherapy. In a progress note dated 01/06/2015, the injured worker complained of continued physical pain, depression, anxiety, worry and sleep problems. The physician noted that the injured worker continued to be symptomatic but was showing improvement with psychological treatment and that further treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing: Upheld

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

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 psychological services including individual psychotherapy and biofeedback from psychologist, [REDACTED]. It appears that [REDACTED] has been utilizing psychological tests such as the BDI as well as the PQ-9 on a routine basis to monitor the injured worker's progress. At times, 5 testing hours were reported while other times, only 2 hours were reported. Although the utilization of psychological/psychometric tests is useful in providing objective information about the progress being made in treatment, it is not necessary. Additionally, it appears that testing was being conducted regularly and it is unclear as to how many treatment sessions were completed between testing sessions, etc. Without more information regarding the number of psychotherapy sessions between tests and a reasonable argument for continued testing, the need for additional psychological tests cannot be determined. As a result, the request is not medically necessary.