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| <b>Case Number:</b>   | CM15-0039188 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 02/17/2000 |
| <b>Decision Date:</b> | 04/10/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: Preventive Medicine, Occupational Medicine

### 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 49-year-old male, who sustained an industrial injury on 2/17/2000. He reports a motor vehicle accident where the truck rolled over causing multiple injuries to his neck, back, bilateral knees, left ankle and face and head. Diagnoses include left shoulder pain, left knee pain and stress/anxiety. Treatments to date include medication management. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported pain in the low and mid back and neck, headaches, anxiety, depression and neuromuscular tension. The documentation shows the injured worker also suffered some disorientation to time and situation, causing several appointments to be missed. There is no M-L psychological evaluation with recommendations in the records reviewed. There is reporting of prior psychological treatment over a several year time span 2007-2008. The specific amount of treatment and outcomes are not reported. A diagnosis of chronic posttraumatic stress syndrome is reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 units of comparative differential diagnosis and treatment planning:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental and Stress; Cognitive Therapy for PTSD [http://www.healthpsych.com/tools/pearson\\_billing\\_2008.pdf](http://www.healthpsych.com/tools/pearson_billing_2008.pdf) [http://downloads.cms.gov/medicare-coverage-database/lcd\\_attachments/31990\\_1/L31990PSYCH017CBG040112.pdf](http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/31990_1/L31990PSYCH017CBG040112.pdf).

**Decision rationale:** This request is essentially a request for 10 units (10 hours) of CPT code 96101 for comparative differential diagnosis and treatment planning. MTUS Guidelines do not address this issue directly. Essentially this request is for 10 hours of the Psychologists time to administer and interpret psychological testing. Medicare standards state that 4-8 hours of testing is adequate under most circumstances. The requesting Psychologist has not provided adequate documentation to support the request for 10 units of testing. In addition, the medical necessity of what appears to be repeat testing is not established as there is no detailed review of prior psychological testing and treatment.

**6 units of Neurocognitive/neuropsychological screening:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://downloads.cms.gov/medicare-coverage-database/lcd\\_attachments/31990\\_1/L31990PSYCH017CBG040112.pdf](http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/31990_1/L31990PSYCH017CBG040112.pdf) Official Disability Guidelines Head, Neuropsych Testing.

**Decision rationale:** This request is essentially a request for 6 additional units (hours) of testing in addition to the 10 units requested for CPT code 96101 for comparative differential diagnosis and treatment planning. MTUS Guidelines do not address this issue directly. ODG Guidelines do not recommend Neuro-psych testing unless there has been major head trauma, which is not documented to have occurred. Essentially this request is for 6 hours in additional to the requested 10 hours of the Psychologists time to administer and interpret psychological testing. Medicare standards state that 4-8 hours of testing is adequate under most circumstances. The requesting Psychologist has not provided adequate documentation to support the request for 6 + 10 units (hours) of testing. In addition, neuropsychological testing is not Guideline recommended under these circumstances. The request for 6 units of Neuro-cognitive/neuropsychological screening is not medically necessary.