

<b>Case Number:</b>	CM15-0042194		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/24/1998
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 55-year-old male, who sustained an industrial injury on 8/24/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having Post-laminectomy syndrome, lumbar region. Treatment to date has included multiple spinal surgical interventions and conservative measures. Magnetic resonance imaging of the cervical spine, dated 1/16/2014, showed evidence of prior fusion, and disc herniations C3-4 and C6-7. Currently, the injured worker complains of neck, with radiation to his bilateral upper extremities into his fingertips, and low back pain, with radiation to his bilateral lower extremities, right greater than left. Pain was rated at least 6/10. He continued to work full time. He was alert and oriented with a normal mood and affect. Exam of the cervical spine noted hypersensitivity to touch and guarding with movement. Range of motion was decreased, with pain. Exam of the lumbar spine noted hypersensitivity to touch, bilateral straight leg raise tests, antalgic gait, and decreased range of motion with pain. Motor strength was normal and sensation was decreased to left C6 and numbness to the right lateral thigh and bilateral calves. Medications included Amitriptyline, Naprosyn, Flexaril, Imitrex, Prevacid, Promethazine, Propranolol, Seroquel, and Ultram.

### 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 Page(s): 76-86; 101-105 and 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines, psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats, not every patient with chronic pain needs to have a psychometric exam, only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. The utilization review rationale for non-certification was stated as "in this case, the note does not mention any clinical reason why the psychological evaluation is necessary. Recommended non-certification as the reviewer cannot understand the clinical reason for the psychological testing." Although the above mentioned guidelines do recognize the usefulness of psychological evaluations, in this case, the medical records that were provided for consideration for this request were insufficient to establish its medical necessity. There was no stated clear rationale for why this treatment is needed at this time. The patient was injured in 1998 and his prior psychological treatment history is not clear. It is unknown when/if he had any prior psychological treatment and if so what the outcome/quantity. Is unclear how if any prior psychological tests have been conducted; without this information it could not be determined whether or not a psychological evaluation is necessary at this time. A treatment progress note from June 29, 2012 was found which mentioned depression and anxiety and a recent evaluation in an emergency room department by a psychiatrist who recommend inpatient detoxification based on consuming 9 muscle relaxants per day with significant nausea and vomiting. However this information is not current enough to establish the medical necessity of a request nearly 3 years later. No additional information regarding his psychological status was found. The patient's current medical symptoms and treatments were well described. Because of this the medical necessity of the request was not established and therefore the utilization review determination for non-certification is upheld.