

<b>Case Number:</b>	CM15-0052138		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 female who sustained an industrial injury on 10/30/2012. Diagnoses include sprains and strain of the neck, cervicobrachial syndrome, pain in the shoulder joint, carpal tunnel syndrome, lesion of the ulnar nerve pain, sprain/strain of the lumbar spine and pain in the lower leg joint. Treatment to date has included medications, home exercise program, physical therapy with some benefit, chiropractic manipulations, and acupuncture and subacromial injection without benefit. A physician progress note documents the injured worker presented for follow up for low back, left knee, right upper extremity and right shoulder pain. Right upper extremity pain extends from her right elbow into her right wrist with associated numbness and tingling. She wears a right wrist splint and has some relief of symptoms. Medications help with her pain, and functionality. Treatment requested is for retrospective (DOS: 11/26/14) Psychological testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 11/26/14) Psychological testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Testing 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 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 are 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. A request was made for psychological testing (retrospective) the request was non-certified by utilization review with the following rationale: "there is limited evidence of any previous specific psychological complaints and symptoms to support the request of psychological testing. It is unclear if the current injury caused any specific psychological complaints which affected the claimant's function and recovery. Without further and clear documentation of any prior psychological symptoms that need to be addressed, the medical necessity of the psychological testing with the date of service of November 26, 2014 is not established." The patient's medical chart was carefully reviewed and the following information was noted: on February 26, 2015 the patient was noted to have depression and anxiety but no suicidal ideation or hallucinations. On December 23, 2014 and January 20, 2015 it was noted that the patient denies anxiety, depression, hallucinations or suicidal thoughts. The provided documentation was insufficient to support the requested procedure as being medically necessary at the time that the request was made. All the medical records that were provided for this review were considered carefully. The medical records consisted of approximately 50 pages very few of which had to do with or mentioned in any way her psychological condition. There was no specifically stated rationale for the request by either the requesting psychologist or the primary treating physician, there was no documentation of psychological symptomology at the time that the request was made. Although in February 2015 it was noted that the patient is reporting symptoms of anxiety and depression there were no such reports in December 2014 or January 2015, or prior to these dates. The patient was injured in October 2012 and it is unclear whether or not she has received any prior psychological treatment or prior psychological evaluations. The documentation taken as a whole was not significant enough to overturn the utilization review determination for non-certification. Due to insufficient documentation specifically a rationale for the requested treatment and evidence of psychological symptomology at the time of the request the medical necessity the request is not medically necessary and therefore the utilization review determination for non-certification is upheld.