

<b>Case Number:</b>	CM15-0054491		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 50-year-old male who sustained an industrial injury when involved in an armed robbery on June 30, 2014. The injured worker was diagnosed with neck sprain/strain, cervical radiculopathy, cervical myospasm and post-traumatic stress disorder (PTSD). Treatment to date includes diagnostic testing, medications and physical therapy. According to the primary treating physician's progress report on December 9, 2014, the injured worker continues to experience intermittent neck pain 6/10 on the pain scale with decreased range of motion. Examination of the cervical spine demonstrated tenderness to palpation of the paravertebral muscles with spasm. Cervical and shoulder compression is positive. On December 10, 2014, the treating physician noted the injured worker is anxious, has sleep disturbances and mood swings. Current medications are listed as lorazepam. Treatment plan consists of continuing physical therapy, medications and the current request for psych testing for 5-6 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Testing x 5-6 hours:** Upheld

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

**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 completed a psychological evaluation with 6 hrs. of testing with [REDACTED] on 10/20/14. In the narrative report dated 12/12/14, [REDACTED] recommended an initial 6-8 psychotherapy sessions. He also stated, "A re-evaluation is suggested when the examinee has reached maximum medical improvement (MMI) psychologically and the recommended psychological treatment has been completed." It is assumed that follow-up psychotherapy sessions were authorized as the UR determination letter, dated March 2015, made reference to a PR-2 report from [REDACTED] dated 3/2/15. Unfortunately, that report was not included for review. Without the March 2015 PR-2 report, it is unknown whether [REDACTED] believes that the injured worker is MMI and therefore is requesting the re-evaluation or if there is another purpose for additional testing. Without information to substantiate the request, the request for additional psych testing x 5-6 hours is not medically necessary.