

Case Number:	CM14-0116451		
Date Assigned:	08/04/2014	Date of Injury:	04/16/2013
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female with a date of injury on April 16, 2013. She indicated that during the course of her employment, she developed psychological problems with headaches, stress, depression, and anxiety. She received psychological treatment and took psychiatric medications to help alleviate the symptoms. A psychological evaluation with psycho-diagnostic tests was done on June 20, 2013. On May 5, 2014, she complained of major depression, unspecified. She was oversleeping and had decreased appetite. On July 12, 2014, she complained of moderate left shoulder, cervical spine, and lumbar spine pain. A magnetic resonance imaging of the brain dated July 10, 2013, revealed nasal septal deviation to the left. A magnetic resonance imaging of the left shoulder dated June 21, 2013 revealed hypertrophic changes of the acromioclavicular joint. A magnetic resonance imaging scan of the cervical spine dated July 10, 2013 indicated C4-C5 disc level and C6-7 disc level with a 2 mm midline disc bulge effacing the anterior portion of the cervical subarachnoid space. A report dated May 30, 2014 indicated that she had peripheral vestibular pathology. She has had no surgeries. Current medications are Paxil, Ultram, Trazodone, Hydrocodone/ Acetaminophen, Ondansetron, and Zolpidem. Recommendations included left shoulder rehab kit, psychotherapy and Naprosyn cream. Diagnoses from the most recent report include neck strain/sprain, lumbar sprain/strain, shoulder arm strain/ sprain unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing, 2 hours: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and
Stress, Psychological evaluations

Decision rationale: Per guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub-acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Evaluation by a psychologist is often very useful and sometimes detrimental, depending on the psychologist and the worker. Careful selection is needed. There are many psychometric tests with many different purposes, and no single test can measure all the variables. In this case, the injured worker has developed psychological problems with headaches, stress, depression, and anxiety. Psychological evaluation with psycho-diagnostic tests was done on June 20, 2013; the report and the recommendations are not available for review. It is not clear as to what type of testing is being requested. She has received psychological treatment and took psyche medications to help alleviate the symptoms. There is no mention of specific indication for the requested service. Therefore, the request for psychological testing is not considered medically necessary.