

<b>Case Number:</b>	CM14-0167004		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 licensed in Psychology 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 claimant is a 45 year-old male [REDACTED] with a date of injury of 1/27/11. The claimant sustained injury to his neck and back while working for the [REDACTED]. The mechanism of injury was not found within the medical records. In his "Primary Treating Physicians Progress Report" dated 8/26/14, [REDACTED] offers the following diagnostic impressions: (1) Degeneration of lumbar o lumbosacral intervertebral disc; (2) Thoracic degenerative disc disease; (3) Headache; (4) Numbness; (5) Muscle pain; (6) Lumbar radiculitis; (7) Low back pain; (8) Thoracic back pain; (9) Degenerative disc disease, cervical; and (10) Neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for outpatient psychological or neuropsychological testing on 8/26/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** The CA MTUS guideline regarding psychological evaluations, which psychological testing is a key component, as well as the Official Disability Guideline regarding the use of neuropsychological testing for head conditions will be used as references for this case. In his "Primary Treating Physicians Progress Report" dated 8/26/14, [REDACTED] indicated that the claimant had "completed the PHQ-9 depression screening today to monitor for depression related to chronic pain. [REDACTED] scored a 1. This is an indication of minimal depression as a result of his chronic pain syndrome." It is unclear whether the request under review is to compensate for [REDACTED] use of the PHQ-9 or for a separate testing administration. Given the information submitted for review, there is not enough evidence to support the need for psychological testing and there is certainly not a need for any neuropsychological testing. Due to the insufficient information to substantiate the request, the request for "Retrospective request for outpatient psychological or neuropsychological testing on 8/26/14" is not medically necessary.