

Case Number:	CM14-0218090		
Date Assigned:	01/07/2015	Date of Injury:	05/06/2014
Decision Date:	03/03/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old female sustained a work related injury on 5/6/2014. The mechanism of injury was not described. The current diagnoses are post-concussion syndrome, post traumatic headache, migraine, and depressive disorder. According to the progress report dated 9/30/2014, the injured workers chief complaints were headaches. The physical examination revealed tenderness to palpation of the cervical spine diffusely. Range of motion of the neck is restricted in all directions. The injured worker was previously treated with Botox injections. On this date, the treating physician prescribed pain psychology testing, which is now under review. In addition to pain psychology testing, the treatment plan included pain psychology evaluation, physical therapy, and Ultram ER. When the pain psychology testing was first prescribed work status was restricted. Restrictions included limited computer screen use. No more than 10 minutes per hour. On 12/22/2014, Utilization Review had non-certified a prescription for pain psychology testing. The pain psychology testing was non-certified based on psychological testing will need to be determined by the pain psychologist upon evaluation. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology testing x 7 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 5/6/2014. The medical records provided indicate the diagnosis of post-concussion syndrome, post traumatic headache, migraine, and depressive disorder. Treatment has included Botox injection. The medical records provided for review do not indicate a medical necessity for pain psychology testing x 7 units. The records indicates the injured worker has been approved for psychological evaluation. The Official Disability Guideliens recommends that psychosocial evaluations should determine if further psychosocial interventions are indicated, since interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Therefore, until the outcome of the psychologica evaluation is known, the concurrent referral for Pain psychology testing x 7 units is not medially necessary and appropriate.