

Case Number:	CM15-0112047		
Date Assigned:	06/18/2015	Date of Injury:	09/15/2005
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 9/15/2005. He reported neck and right shoulder pain. Diagnoses have included cervical spondylosis, cervical post-laminectomy syndrome, intractable shoulder pain, anxiety and chronic pain syndrome. Treatment to date has included surgery and medication. According to the progress report dated 4/23/2015, the injured worker complained of chronic, diffuse neck pain and right shoulder pain. He reported that medications helped him to be functional. Objective findings revealed the injured worker to be alert and oriented without overt signs of intoxication or sedation. The injured worker's gait and movements were within baseline for their level of function. Authorization was requested for an IPAD test.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) IPAD test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Psychological evaluations.
<http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Psychological evaluations “recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations.” There is not enough documentation to justify a psychological testing in this case. Therefore, the request for one (1) IPAD test is not medically necessary.