

<b>Case Number:</b>	CM15-0113007		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: Psychiatry

### 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 42 year old male, who sustained an industrial injury on 11/05/2014 secondary to being hit in the head while driving a stake into the ground. On provider visit dated 05/12/2015 the injured worker has reported headache pain. On examination of the head was noted as normocephalic, a-traumatic and no tenderness. No palpable tenderness noted either. Pupils are equal, round, and reactive to light and cornea clear. Slight lateral nystagmus was noted. The diagnoses have included head injury, closed, and post -concussion headache. Treatment to date has included medication and ice. The provider requested psychometrics, duration and frequency unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychometrics, duration and frequency unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed.gov-Psychometric tests.

**Decision rationale:** Psychometric tests are a standard and scientific method used to measure individuals' mental capabilities and behavioral style. Psychometric tests are designed to measure candidates' suitability for a role based on the required personality characteristics and aptitude (or cognitive abilities). They identify the extent to which candidates' personality and cognitive abilities match those required to perform the role. The injured worker suffers from head injury, closed, and post -concussion headache. The request for Psychometrics, duration and frequency unspecified is not medically necessary as there is no clinical indication for use of such testing in this case. Also, the duration and frequency being requested is unspecified.