

<b>Case Number:</b>	CM15-0118269		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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  
Certification(s)/Specialty: Psychologist

### 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 44 year old male who sustained an industrial injury on November 27, 2012. He has reported left sided back pain and has been diagnosed with cervicgia and lumbago. Treatment has included medications, TENS, surgery, chiropractic care, acupuncture, and physical therapy. Cervical spine examination noted facet loading positive loading left C5-C6 and C6-7. His pain was rated a 6/10. The treatment request included diagnostic test psychological testing x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic psychological testing qty:6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since his injury in November 2012. The request under review is for

psychological testing X6 and was submitted by a pain management physician, not a psychologist. The request is vague and unclear as no rationale has been given for the purpose of one psychological testing, let alone 6 psychological test administrations, and there is no mention as to the tests that are to be administered. As a result, the request for diagnostic psychological testing times 6, is not medically necessary. It is noted that the injured worker received a modified authorization for 1 diagnostic psychological testing administration in response to this request.