

Case Number:	CM15-0122918		
Date Assigned:	07/07/2015	Date of Injury:	08/23/2004
Decision Date:	08/27/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 59 year old male who sustained an industrial injury on 08/23/2004. Diagnoses are low back pain and lumbosacral neuritis. In an office visit of 06/05/2015 the patient reported sleeping through the night with medication, pain was rated at 7/10 with medication and bilateral lower extremity radiculopathy was noted. He walked with a cane. Medication included Wellbutrin XL, with which that patient is apparently satisfied. He has not worked since 2004. Toxicology screening of 06/05/15 was positive for medications prescribed only, as were past toxicology reports (hydromorphone, hydrocodone, Tramadol). The requested treatment is Psychological testing. UR of 06/24/15 denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: Psychological evaluations are recommended in pain populations to distinguish between conditions that are preexisting, aggravated by the current injury or work related. They provide the clinician with a better understanding of the patient in their social environment to allow for more effective rehabilitation. During the course of a psychological evaluation a battery of 22 psychological tests may be administered that may shed light on those who are likely to develop chronic pain. In this patient it has already been established that he has developed chronic pain. He is not abusing substances, as evidenced by toxicology reports. He appears to be doing well on Wellbutrin. There is little in the way of psychological symptom reporting to support the request for psychological testing. This request is not medically necessary.