

Case Number:	CM15-0125152		
Date Assigned:	07/09/2015	Date of Injury:	08/08/2011
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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 57 year old male, who sustained an industrial injury on 8/08/2011. Diagnoses include mood disorder secondary to a general medical condition and personality disorder not otherwise specified with mixed features. Treatment to date has included surgical intervention (right lateral epicondylitis status post surgery, and status post right cubital tunnel release and right carpal tunnel release) as well as conservative measures including medications, physical therapy and ongoing psychotherapy. Per the Medical Legal Psychiatric Reevaluation Report dated 4/17/2015, the injured worker reported depressed mood, crying spells and feeling stressed. He is socially withdrawn but denies suicidal ideation or hallucinations. He reports pain rated as 9/10 in his neck, right shoulder, right elbow, both wrists, both hands including fingers, the upper, middle and lower back, and the bilateral thighs, knees, ankles and feet. Psychological testing revealed a possible depressive disorder, possible anxiety disorder, severe depression, moderate anxiety and excessive somnolence. The plan of care included, and authorization was requested for psychotherapy x 16 sessions, psych testing and medication management x 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing: 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 Evaluation Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as individual psychotherapy treatment. The request under review is for psychological testing. The purpose of the request is unclear as there is minimal information regarding the need for psych testing as well as the tests that are to be administered. Without sufficient information regarding the purpose of psych testing, the request is not medically necessary.