

Case Number:	CM15-0172261		
Date Assigned:	10/01/2015	Date of Injury:	02/13/2012
Decision Date:	11/12/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This is a 55 year old male with a date of injury of February 13, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for anxiety disorder and depressive disorder. A Qualified Medical Evaluation dated January 28 indicates that the injured worker complains of pain and sleep issues. Mental status evaluation revealed normal speech, coherent thought process, full affect range, mildly anxious mood, intact and average intellectual function and memory, and intact and average comprehension and abstract thinking. A progress note dated May 26, 2015 documented complaints of sleep difficulties due to pain. The evaluation on January 28, 2015 noted that the injured worker had reach maximum medical improvement in psychiatry and no further psychiatric treatment was necessary. There were no recent psychological evaluations included in the submitted documentation. The original utilization review (August 13, 2015) non-certified a request for a psych consultation, four units of psych testing, and three units of subsequent psych testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by ██████ in 2013. It is unclear as to whether the injured worker received any follow-up services from ██████ following the evaluation. It is also unclear as to the purpose for the psychological evaluation currently being requested. There is no information within the records indicating the rationale or need for an updated evaluation. In fact, in the psychiatric QME report, dated 1/9/15, ██████ noted that the injured worker was MMI and he recommended no additional psychiatric treatment. As a result of insufficient information to substantiate the need for a current psychological evaluation/consultation, the request is not medically necessary.

Psych Testing 4 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by ██████ in 2013. It is unclear as to whether the injured worker received any follow-up services from ██████ following the evaluation. It is also unclear as to the purpose for the psychological testing currently being requested. There is no information within the records indicating the rationale or need for an updated evaluation. In fact, in the psychiatric QME report, dated 1/9/15, ██████ noted that the injured worker was MMI and he recommended no additional psychiatric treatment. As a result of insufficient information to substantiate the need for current psychological testing, the request is not medically necessary.

Subsequent Psych Testing 3 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by ██████ in 2013. It is unclear as to whether the injured worker received any follow-up services from ██████ following the evaluation. It is also unclear as to the purpose for the psychological testing currently being requested. There is no information within the records indicating the rationale or need for an updated evaluation. In fact, in the psychiatric QME report, dated 1/9/15, ██████ noted that the injured worker was MMI and he recommended no additional psychiatric treatment. As a result of insufficient information to substantiate the need for additional psychological testing, the request is not medically necessary.

