

<b>Case Number:</b>	CM15-0178679		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of February 25, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for a baseline pain profile health improvement/mental health bettering, also failed to approve a request for electronic psychiatric testing. A functional rehabilitation program evaluation was also denied via a separate Utilization Review report of the same date. Progress notes of May 13, 2015 and August 4, 2015 were cited in the determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported 8-9/10 hand and finger pain complaints. The attending provider apparently appealed the previously denied functional restoration program evaluation. It was stated that the applicant had received psychological counseling and behavioral therapy but remained "severely depressed." A functional restoration program and associated evaluation were sought, primarily to ameliorate the applicant's issues with depression. The applicant was described in another section of the note as "increasingly hopeless and depressed." The applicant was on Dilaudid and Motrin, it was reported. The applicant was receiving total temporary disability benefits, it was reported. Baseline pain profile testing and associated psychiatric testing/psychologic testing were sought while a functional restoration program evaluation was also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baseline pain profile brief battery health improvement or patient pain profile:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** No, the request for a baseline pain profile-brief battery-health improvement was not medically necessary, medically appropriate, or indicated here. The request in question seemingly represented a request for psychiatric or psychological testing. However, the MTUS Guideline in ACOEM Chapter 15, page 397 notes that mental health providers should "avoid the temptation" to perform extensive psychiatric or psychologic testing to exclude the entire differential diagnosis of an applicant's symptoms as such testings are "generally unrewarding." The MTUS Guideline in ACOEM Chapter 15, page 397 notes that psychiatric and/or psychological testing are most useful in testing functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, the applicant was off-of work, on total temporary disability, it was acknowledged on August 4, 2015. It did not appear that the applicant's psychiatric or psychological issues were in fact stable. It was not precisely stated what role and/or what purpose said pain profile testing/health improvement/mental health testing would have played here, particularly in light of the fact that the functional rehabilitation program evaluation was deemed not medically necessary below, in question #3. Therefore, the request was not medically necessary.

**Electronic psych testing for oswestry:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office visits.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing.

**Decision rationale:** Similarly, the request for electronic psychological testing was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 397, mental health providers should "avoid the temptation" to perform exhaustive psychological testing to exclude the entire differential diagnosis of an applicant's symptoms as such issues are "generally unrewarding." The MTUS Guideline in ACOEM Chapter 15, page 397 notes that psychological testing is most useful in assessing functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, however, the applicant's cognitive issues were neither stable nor well controlled as of the August 4, 2015 office visit in question. The applicant was described as "increasingly hopeless and depressed." The applicant was described as "severely depressed" in another section of the note. By all accounts, the applicant's mental health issues were not stable as of the date of the request. The applicant was not working, suggesting that the psychological testing at issue was not intended for the purposes of determining workplace accommodations. The attending

provider failed to furnish a clear or compelling rationale for pursuit of such testing in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Functional rehabilitation program evaluation:** 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): Introduction, Chronic pain programs (functional restoration programs).

**Decision rationale:** Finally, the request for a functional rehabilitation program (FRP) evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a multidisciplinary functional restoration program may be considered in applicants who are willing to make the effort to try and improve, here, however, there was no evidence that the applicant was prepared to make the effort to try and improve. There was no evidence that the applicant was intent on forgoing disability and/or indemnity benefits in an effort to try and improve. The applicant was placed off-of work, on total temporary disability, as of the date of the request, August 4, 2015. It did not appear, thus, that the applicant was intent on foregoing disability and/or indemnity benefits in an effort to try and improve here. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another primary criterion for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options to likely result in significant clinical improvement. Here, the attending provider reported on August 4, 2015 that the applicant had developed height depressive symptoms. The applicant reported severe depression and increasing hopelessness on the August 4, 2015 office visit at issue. The applicant was not, however, using any psychotropic medications as of that date. It did not appear, thus, that the applicant had optimized treatment per the mental health aspects of his claim prior to the request for a functional restoration program/functional rehabilitation program evaluation being sought. Therefore, the request was not medically necessary.