

Case Number:	CM15-0038080		
Date Assigned:	03/06/2015	Date of Injury:	11/18/2004
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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 59-year-old male sustained a work related injury on 11/18/2014. A supplemental medical/legal report dated 06/16/2014 noted that the injured worker underwent psychological testing on 06/13/2014. Based on the clinical evaluation, the injured was deemed a candidate for an initial evaluation for a Functional Restoration Program once he exhausted medical and surgical treatment. A request for authorization dated 01/16/2015 was submitted for review for psychological testing for date of service of 06/16/2014. According to a treatment appeal letter dated 01/22/2015, the provider noted that the injured worker did exhibit signs and symptoms of psychological distress that was directly associated with his injury. The provider made reference to a progress report dated 01/19/2015 that noted that the injured worker complained of anxiety. According to the progress report dated 01/19/2015, the injured worker felt that he was unable to work and reported that he could not even drive. He was recently taken off work because of worsening of complaints of pain in his back and leg. The injured worker complained of anxiety but denied depression, hallucination and suicidal thought. Medical history included hypertension and diabetes. Current medications included Protonix, Gabapentin, Nabumetone-relafen, Morphine Sulfate ER, Colestipol, Glipizide, Insulin, Metformin and Pioglitazone. Diagnoses included long-term use meds not elsewhere classified, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, cervical spinal stenosis and pin in joint shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Psychological Testing (DOS: 06/16/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 397.

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 completed an initial evaluation with [REDACTED] on 6/13/14. According to the subsequent supplemental medical-legal report dated 6/16/14, the injured worker had participated in some psychological testing as part of that evaluation. The request under review is for the retrospective psychometric/psychological testing that was completed as part of that pain management evaluation. The guidelines recommend and support the use of psychological testing with pain patients when it is suspected that psychological factors may be interfering with recovery. As a result, the need to have utilized psychological testing in this case appears reasonable and therefore, is medically necessary.