

Case Number:	CM15-0071650		
Date Assigned:	04/21/2015	Date of Injury:	01/05/2013
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 56 year old male, who sustained an industrial injury on January 5, 2013. He reported back pain. Diagnoses have included lumbar spine strain/sprain, lumbar spine radiculopathy, and lumbar facet induced versus discogenic pain. Treatment to date has included chiropractic, medications, acupuncture, and diagnostic testing. A progress note dated January 28, 2015 indicates a chief complaint of depression, anxiety, irritability and insomnia secondary to the injured worker's injury. The medical record notes that the injured worker was experiencing panic attacks with palpitations, and was having increased physical symptoms of stress as well. The treating physician documented a plan of care that included a psychological consultation and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Psychological consultation and testing on 1/23/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Camara, W. J., et al. (200). Psychological test usage: Implications in professional psychology. Professional Psychology: Research and Practice, 21 (2), 141-154.

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 worker had been experiencing psychiatric symptoms secondary to his work-related injury and chronic pain. He completed an initial psychological evaluation with [REDACTED] on January 23, 2015. The request under review is for the retrospective consultation and testing. The request appears appropriate and reasonable and falls within the CA MTUS guidelines. As a result, the request is medically necessary. It is noted that the injured worker received a modified authorization for a psychological consultation and only 2 hours of psychological testing in response to this request.