

Case Number:	CM16-0231884		
Date Assigned:	12/07/2016	Date of Injury:	10/17/2016
Decision Date:	01/11/2017	UR Denial Date:	11/23/2016
Priority:	Standard	Application Received:	12/01/2016

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: Psychiatry

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 53 year old male with a date of injury on 10-17-2016. The injured worker is undergoing treatment for major depressive disorder, general anxiety disorder, insomnia related to generalize anxiety disorder and stress related physiological response affecting gastrointestinal disturbances and headaches. On 11-03-2016 a note by the Esquire indicates that a comprehensive consultation be performed. An undated request for authorization by the psychologist indicated that a psychological testing was requested as part of the injured worker's scheduled psychological consultation and evaluation. A Doctor's First Report of Occupational Injury or Illness done on 11-17-2016 documents the injured worker has symptoms of anxiety, depression and insomnia. He feels sad, helpless, hopeless, lonely, afraid, scared, terrified, angry, guilty and irritable. He feels out of control emotionally. He has lost confidence in himself and has lost interest in his appearance. He has spells of terror and panic. He has difficulty concentrating, and remembering things. He is unable to relax. He is pessimistic and self-critical. He reports gastrointestinal disturbances and headaches, which are exacerbated and-or triggered when he feels under stress and as his mood worsens. It is documented psychological testing revealed significant depressive and anxiety symptoms. Work status is not documented. The Request for Authorization dated 11-16-2016 includes comprehensive psychological testing. On 11-23-2016 Utilization Review non-certified the request for comprehensive psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive psychological testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Psychological treatment.

Decision rationale: MTUS states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, insomnia related to generalized anxiety disorder and stress related physiological response affecting gastrointestinal disturbances and headaches. Per guidelines, Psychological evaluations are recommended to distinguish between conditions that are preexisting, aggravated by the current injury or work related or to determine if further psychosocial interventions are indicated. The request for comprehensive psychological testing does not indicate the nature of psychological tests being requested or the duration of time it would take to perform these tests. Based on the lack of above mentioned information, the request is not medically necessary at this time.