

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	10/26/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004549

- 1) MAXIMUS Federal Services, Inc. has determined the request for full psychodiagnostic test battery **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for full psychodiagnostic test battery **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Mechanism of injury: According to the Preliminary Psychological Evaluation dated 3/12/13 by [REDACTED], Ph.D., the patient sustained injury going to the storage area where the patient lifted three 50 pound boxes. The patient hears "a click." Clinical Summary: According to the Preliminary Psychological Evaluation dated 3/12/13 by [REDACTED], Ph.D., the patient reported nosebleeds. The patient reported chest pain (more like suffocating feeling with medications). The patient complained of low back pain which was 8/10 and varied during the day. It was worse in the morning. The patient reported neuropathic symptoms (8/10). The patient stated losing 25 pounds in the last year and had ongoing digestive difficulties. The patient had difficulty sitting for prolonged periods of time. The patient presented as clinically depressed. The patient experienced sadness and depressed mood on a daily basis throughout the day ongoing for months. The patient felt helpless and hopeless. The patient did not enjoy the usual recreational outlets s the patient had in the past. The patient was withdrawn. There was sleep disturbance with decreased energy and diminished ability to concentrate. The patients' diagnoses were: Major depressive disorder, single episode, moderate, and Pain disorder with both psychological factors and a general medical condition. The provisional GAF was 60.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review (received 7/29/13)
- Utilization Review Determination (dated 7/12/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for full psychodiagnostic test battery:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Psychological Testing, pages 100-101, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Psychological Evaluations section.

Rationale for the Decision:

The ODG states 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. Medical records submitted for review diagnose the employee with major depressive disorder, single episode, and moderate and pain disorder with both psychological factors and a general medical condition. There is no documentation describing or discussing complex or confounding issues that would require the need for further testing. A request for full psychodiagnostic test battery **is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.