MAXIMUS Federal Services

Case Number:	CM13-0040769		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2007
Decision Date:	07/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is licensed in Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 08/14/2007. The mechanism of injury was noted to be lifting a 40 pound plant before hearing a pop and then followed by pain. The injured worker's treatments were noted to be NSAIDs and surgery. The injured worker's diagnoses were noted to be status post hip arthroplasty and depression. The injured worker had a psychological evaluation on 05/13/2013. The injured worker had psychological tests including mental status evaluation checklist, [redacted] multidimensional pain inventory, modified somatic perceptions questionnaire, pain drawing, Beck depression inventory, Beck anxiety inventory, Epworth sleepiness scale, personality assessment inventory and brief battery for health improvement 2 test. The patient's current medications included hydrocodone, Percocet, cyclobenzaprine, gabapentin and Motrin. The clinical summary noted the injured worker's psychosocial defensiveness score was extremely low. If psychosocial risk factors were present, the possibility that these difficulties are associated with symptom, magnification should be considered. The summary of findings included objective basis for the injured worker's diffuse reports of somatic symptoms and preceded disability. His reported depression and anxiety as reaction to his condition. Psychological treatment for somatic preoccupation and the exaggerated perception of disability, depression and anxiety should be considered. Somatic complaints were very high. If there is no clear medical explanation for his broad pattern of somatic distress, somatization is indicated. This individual has a moderately high level of pain reports, characterized by a localized extreme peak pain. There are no objective medical findings to explain this injured worker's peak pain score, pain preoccupation or a somatoform pain disorder to be considered. His functional complaints were extremely high, perceived disability was reported. The injured worker's depression was extremely high with negative thoughts and feelings reported. This depression was severe and likely to interfere with the recovery process,

increasing his level of suffering and delay in recovery. Anxiety scores were also very high indicating severe anxious thoughts and feelings. Such anxiety is associated with severe health fears and this may interfere with the recovery process and increase the patient's level of suffering. The provider's rationale for the requested cognitive psychological evaluation was not provided within the documentation. The Request for Authorization for medical treatment was not included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do recommend psychological evaluations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment, thus allowing for a more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. The injured worker had a psychological evaluation on 05/13/2013. Within the documentation submitted it is unclear why another psychological evaluation would be necessary. Therefore, the request for a cognitive psychological evaluation is not medically necessary.