MAXIMUS Federal Services

Case Number:	CM13-0068102		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2006
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a patient with a date of injury of May 18, 2006. A utilization review determination dated December 11, 2013 recommends non-certification for a psychological consultation. Non-certification was recommended since it is unclear whether previous psychological evaluation has been done, no documentation of functional goals intended to be treated with psychological intervention, and [redacted] outpatient interventional procedures are currently planned. A progress report dated September 25, 2013 indicates that the patient has subjective complaints including neck pain, lower back pain, and hand pain bilaterally. The note indicates that the patient is experiencing more anxiety and mild depression. The current medications include clonazepam, Cymbalta, and nortriptyline. The review of systems reveals serious depression and high stress level. The patient also is noted to have general fatigue, difficulty concentrating, and memory problems. The treatment plan recommends psychological evaluation/treatment. The note goes on to state, "I would also recommend psychological evaluation to assess the impact her chronic pain condition has on her overall function as well as to assess for any psychological stress ores that may be interfering with management of her pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, the Chronic Pain Medical Treatment Guidelines (MTUS) states that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The Official Disability Guidelines (ODG) states the behavioral interventions are recommended. The guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, the requesting physician has identified that the patient has significant psychological complaints including depression and anxiety. The patient is currently utilizing one benzodiazepine and two antidepressants. The requesting physician is concerned that the patient's psychological condition may be affecting her pain complaints. The guidelines support psychological evaluation during the treatment of chronic pain. The guidelines go on to recommend that diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Therefore, the use of a psychological consultation is supported by guidelines for this patient with significant psychological complaints despite antidepressant and anti-anxiety medication, with a long-standing diagnosis of chronic pain. As such, the currently requested psychological consultation is medically necessary.