

Case Number:	CM13-0070515		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2008
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Clinical Psychology, has a subspecialty in Health Psychology/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:

According to the files provided for this independent medical review, this patient is a 49 year old male who reported an industrial/occupational work-related injury on October 29, 2008. The patient appears to have had 11 psychotherapy sessions with a psychologist in 2012, and he continues to report irritability and anxiety as a result of his disability. He has medical diagnoses of lumbar radiculopathy, right leg contusion and skin laceration, s/p skin graft, anxiety reaction, and hypertension out of control due to orthopedic condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2: Behavioral Interventions, Psychological Evaluations.

Decision rationale: In the role of conducting this review I considered carefully his entire medical file as it was provided to me, which consisted of approximately 70 pages of medical charts that were fairly short on progress notes related to his psychological issues. There is an

indication in his chart that he is already had approximately 11 sessions of cognitive behavioral therapy and none of these notes were provided: they are needed to make an accurate assessment of the patient's current psychological status. That said, there does appear to be significant medical necessity demonstrated in the brief notes that are provided; the patient continues to suffer from disability related psychological problems. According to the MTUS guidelines psychological evaluations are generally well accepted, well established diagnostic procedures. A psychological evaluation at this juncture does appear to be an appropriate intervention given the chronicity of his condition, the lack of substantial improvement following surgical intervention and the few notations that address his psychological status. Most importantly is that the decision to not certify the request for psychological evaluation was made based on the wrong MTUS criteria. The MTUS criteria was stated as those for cognitive behavioral therapy (page 23) rather than page 100 which is the guidelines for psychological evaluations. Therefore this request to overturn the non-certification of one (1) psychological evaluation is upheld, the request is accepted, and the non-certification is overturned. The Psychological Evaluation is medically necessary and appropriate.