MAXIMUS Federal Services

Case Number:	CM14-0003739		
Date Assigned:	01/31/2014	Date of Injury:	08/13/2009
Decision Date:	06/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 and 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:

Based on the files provided for this independent medical review, this is a 48 year old male patient who reported an industrial/occupational work-related injury on August 13, 2009; at the time of his injury he was engaging the normal work duties for his employer [redacted], when lifting a heavy 50 pound bucket of ink to pour it, he felt neck, back and right knee pain. The patient has continues to have complaints of neck pain, back pain, knee pain right side with buckling, stress and anxiety. There's multiple indications of disc bulging, and he his had multiple surgical interventions including disc fusion and insertion of hardware, physical therapy, pain medications and conventional conservative medical treatments. There is continued numbness and tingling in the right arm/hand. Treatments to date have not significantly alleviated his pain condition. A request for a psychological evaluation and treatment 1x1 was non-certified, with the explanation of insufficient documentation to demonstrate medical necessity. This independent medical review will concern itself with a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR PSYCHOLOGICAL EVALUATION AND TREATMENT, ONE SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Section, Psychological Evaluation and Cognitive Behavioral Therapy Page.

Decision rationale: A comprehensive review of all of the medical pages that were provided for this report, approximately 339 pages was carefully completed. Several pages in the file were found that belong to a different patient and these should be removed immediately to prevent future dissemination. There is ample documentation that this patient is having significant symptoms of anxiety and insomnia that have been aggravated by his work related injury. In addition to being mentioned in several places, a report from August of 2013 mentions that the patient is having significant symptoms of anxiety and insomnia and of the anxiety attacks occur at night while he's trying to sleep, and that he was recently prescribed medication to try and control the attacks but he is still finding it difficult to sleep at night due to the pain and inability to find a comfortable position; it does appear based on my review of the notes that this patient may benefit from psychological evaluation and treatment. According to the Chronic Pain Medical Treatment Guidelines, psychological evaluations are generally accepted well-established diagnostic procedures. In addition, it appears that this patient has not yet had any psychological interventions to help him cope with his pain condition. If the psychological evaluation shows that he would potentially benefit from treatment, and that evaluation should be completed before any treatment is started to better direct and inform that treatment, by clarifying his psychological diagnosis, if any, and within the Chronic Pain Medical Treatment Guidelines for cognitive behavioral therapy three to four sessions could be approved subsequently as an initial trial to determine if his response to the treatment. It will be essential that any and all functional improvement, if there are any, are adequately documented. The request for consultation for psychological evaluation and treatment, one sessions, is not medically necessary or appropriate.