MAXIMUS Federal Services

Case Number:	CM14-0118417		
Date Assigned:	09/18/2014	Date of Injury:	06/09/2010
Decision Date:	10/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 a licensed Psychologist, 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 records that had been provided for this independent medical review, this 59-year-old male patient reported an industrial/occupational injury on June 9, 2010. The nature, cause and details of the injury were not provided for this review is complaining of constant moderate sharp bilateral inguinal pain that radiates to his bilateral legs. He reports constant and severe sharp low back pain and constant moderate sharp bilateral knee pain and numbness. There is a loss of sleep reported due to pain and "psychological complaints (unspecified)." He has been diagnosed with: Major Depressive Disorder, Primary Insomnia, Cognitive Disorder, and Male Erectile Disorder. He has been prescribed Celexa and Xanax for depression and anxiety but is having difficulty and feels frustration with regards to the Celexa but has some benefit from the Xanax and wishes to explore other medication possibilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, (2004) , Independent Medical Examinations and Consultations, Chapter 7 , Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluations, Page(s): 100-101.

Decision rationale: According to the MTUS treatment guidelines for psychological evaluations they are a recommended procedure. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in 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 as well as to determine if further psychosocial interventions are indicated. The utilization review rationale for non-certification of this procedure is that there was insufficient information cleaning prior contact with the psychologist that was not provided and that the reason for the request was not disclosed. In my review of the patient's medical chart I found that the information provided was only marginally supportive of this request however there was just barely sufficient information to warrant a tipping the scale in favor of authorizing it. There were numerous mentions of the need psychological treatment of the patient having difficulty on his medication, of symptoms of depression and anxiety and the need for medications. The MTUS guidelines for psychological evaluation are less stringent than it is for the commencement of psychological treatment. The psychological evaluations purpose is to explore the need for treatment and would provide detailed information that without it cannot be expected to have been obtained. The finding of this independent medical review is that the requested treatment is medically necessary and appropriate; however it is hoped if further treatments are requested that there would be more documentation provided to substantiate them. Therefore, this request is medically necessary.