

Case Number:	CM14-0119440		
Date Assigned:	08/06/2014	Date of Injury:	12/06/2012
Decision Date:	11/03/2014	UR Denial Date:	07/10/2014
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:

Based on the provided records, this patient is a 49 year-old male who reported an industrial injury that occurred on December 6, 2012. The injury occurred when a metal truss, also described as a steel roof, landed on him causing multiple injuries. It crushed both of his legs and he sustained bilateral ankle fracture and knee damage. The patient is status post multi-trauma from a crash injury with extensive ortho-surgeries bilateral lower extremity combined with injuries to lumbar, right shoulder, and head. Patient reports pain in his head, right shoulder, low back, bilateral lower extremity. His pain is characterized as sharp, dull, throbbing and burning, aching with sensations of electricity and pins and needles. The pain described as constant and intermittent (depending on area discussed) previous treatments have included therapy (unspecified but presumably physical therapy), TENS unit, massage, ice, injections, Chiropractic care and medication. A request for a psychological evaluation was made, and non-certified. There was no stated reason for the request. Psychologically the patient reports anxiety and insomnia additional symptoms of headache, dizziness, nausea, swelling of hands and legs and irritable bowel syndrome. The utilization review rationale for non-certification was stated that the patient had been authorized for a neuropsychological consultation and that the neuropsychological consultation should be completed before any psychological evaluation visit the pain complaints and related dysfunction. In addition the patient is under consideration for a spinal cord stimulator implant and a psychological evaluation would have to be done if this is recommended causing an unnecessary duplication. The utilization review contained a peer clinical chart report that listed the documentation that was reviewed for their decision and it included two documents in August 2013 from [REDACTED], PhD regarding office visit and test results and November 18, 2013 neuropsychological summary of raw score and consultation note. These documents were not provided for this independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: 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 part two, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation 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 medical records that were provided for this IMR consisted of 92 pages and the majority of them pertained to insurance requests and nonclinical paperwork. The clinical documentation other than utilization review reports was insufficient to support overturning the non-certification decision. No documentation regarding his neuropsychological consultation or psychological visits with [REDACTED] was included for consideration. If a neuropsychological evaluation was completed it was not made available for consideration. A neuropsychological evaluation is often comprehensive and might, or might not; make a separate psychological evaluation unnecessary. There was no statement by the treating physician with respect to why this request is being made. It is possible that this patient is in need of psychological evaluation but there was insufficient submitted documentation of it, if it is. The MTUS criteria for a psychological evaluation are fairly easily met, but in this case even the lenient criteria to establish medical necessity could not be verified due to insufficient documentation with a clear statement of why this request is being made, and because of this reason the medical necessity of the request could not be established. Thus the request is not medically necessary.