

Case Number:	CM14-0121884		
Date Assigned:	08/06/2014	Date of Injury:	01/30/2007
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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 licensed in psychology, 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 were provided for this independent review, this patient is a 58-year-old female who reported an industrial/occupational injury on January 30, 2007. She reports continued pain in the cervical spine with radiation to the bilateral shoulders with severe sleeping difficulty and migraine headache. She is status post multiple spinal surgery, and has been diagnosed with spinal surgery syndrome failure. The patient has been diagnosed with: Depressive Disorder Not Otherwise Specified with Anxiety and Panic Attack; and Psychological Factors Affecting Medical Condition (stress intensified headache, teeth grinding, hair loss, neck/shoulder/back muscle tension/pain and possible stress aggravated high blood pressure). A request for a psychological evaluation was made, and non-certified. The utilization review rationale for non-certification was that the request was primarily for the purpose of assessing the patient for appropriateness for spinal cord stimulator, and that because the request for the spinal cord stimulator did not meet the criteria of medical necessity then there is no reason to have the psychological evaluation. This IMR will address a request to overturn that decision.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Pain/Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological evaluations Page(s): 100-101..

Decision rationale: I have conducted a comprehensive and careful review of the medical records as they were provided to me. The patient has had multiple spinal surgeries with incomplete healing and delayed recovery. An additional surgical intervention is being considered for the patient and she is on multiple opiate medications. Now, psychological evaluation to determine whether or not might benefit from psychological treatment or whether from a psychological perspective she is a candidate for spinal cord stimulator or other procedure would seem to be a reasonable and potentially beneficial request. According to the MTUS, guidelines and psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Although there was scant, discussion of her psychological symptomology the presence of a diagnosis of major depression with anxiety was included in the records provided in my opinion this is sufficient to warrant the use of a psychological evaluation for this patient given her extensive surgical treatment, delayed recovery, and significant use of substantial opiate medication to alleviate her pain. Finding is that medical necessity is established for this procedure. Therefore, the request is medically necessary.