

Case Number:	CM14-0121959		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2013
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
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 Board Certified in Clinical 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 provided for this independent review, this patient is a 32-year-old female who reported an industrial/occupational injury on August 1, 2013 when she was engaged in her normal/usual-customary work duties for [REDACTED]. On that day, she stated that she was at work when the scissor lift accidentally hit a beam and knocked it off the shelf that was holding it up and she tried to protect herself by raising her left arm and in so doing suffered a crush injury that resulted in contusion of her left forearm and left thumb. Medically, she has diagnosed per her primary treating physician the following: left forearm/wrist crush injury; left wrist flexor and extensor tenosynovitis; left wrist cutaneous nerve crush injury; right shoulder trapezius strain. I reviewed 395 pages of medical records was unable to find any indication of psychological symptomology or psychiatric symptomology. A request was made for "psychiatric testing" and it was non-certified. The utilization rationale for non-certification that was provided stated that this was a retrospective request or "psych testing" and that the claimant has persistent pain with associated anxiety and irritability however there was no documentation of the specific tests being requested, the medical necessity was not established pending the results of a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral interventions, psychological evaluations Page(s): 100-101.

Decision rationale: The MTUS guidelines for psychological, and I can assume psychiatric, evaluations state that they 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. I carefully reviewed nearly 400 pages of medical records for this request and based on the information was provided there is insufficient documentation warranting the medical necessity of this procedure. It may quite well be that the patient does require a psychiatric or psychological evaluation, however there was no specific information regarding the reasons for the requests that were provided/included in the documentation that I received. In addition the request appears to have been originally been stated as "psych evaluation" and was later clarified as psychiatric evaluation. There is mention that a pending psychological evaluation was in process already, however it was not included with this paperwork and it is unclear whether that is what is being requested here or not. The exact procedure being requested must be specifically stated along with detailed rationale for why it's being requested. This would include specifying which psychological or psychiatric tests are being requested rather than just the generic statement of an evaluation with no clearly stated reason why it's necessary. While a full psychological or psychiatric diagnosis is not required because that is often the purpose of the evaluation, there must be at least some tentative the injured worker is having some psychological symptoms that would warrant conducting such a detailed and comprehensive assessment. The finding of this independent review is that the request is not medically necessary, based solely on insufficient data and not necessarily the patient's need. The request could be, if it is still needed at this time, reconsidered and resubmitted in a manner which it could be approved with this consideration in mind. The request is not medically necessary.