

Case Number:	CM14-0127618		
Date Assigned:	08/15/2014	Date of Injury:	01/29/2010
Decision Date:	11/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 medical review, this patient is a 24 year-old male who reported an occupational injury that occurred on January 29, 2010. The injury was sustained when he fell 20-25 feet down a shaft. He reports pain in the following areas: neck, left shoulder, left wrist, lumbar spine and left hip. Additional symptoms related to the industrial injury include sleep deprivation, stress, anxiety, depression, bone growth, gastritis due to medication use. A partial list of his medical diagnoses include: posttraumatic headache, left shoulder internal derangement, left wrist internal derangement, lumbar herniated nucleus pulposus with radiculopathy and footdrop, left hip internal derangement, major multiple trauma, subdural hemorrhage, and secondary anxiety, stress, and depression. He reports having difficulty with activities of daily living including walking and increased anxiety and depression and difficulty coping with constant pain. Treatment progress note from April 2014 states the patient is recovering from traumatic brain injury and is struggling to move forward from it. A request was made for psychological evaluation and treatment to address these issues. According to utilization review the patient is already had extensive psychological treatment with no documentation provided with respect to quantity or outcome. The request was non-certified, 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 and treatment: 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 Behavioral Interventions, Psychological Evaluation, See Also Psychological Treatment Law Wil.

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. With respect to this request, it appears that the patient has received prior cognitive behavioral therapy and biofeedback. Over 200 pages of medical records were reviewed, they consisted almost entirely of insurance paperwork. There was no clinical documentation other than one or 2 brief notes that were included. Most importantly there was no documentation of prior psychological treatment with respect to quantity or outcome. Is unclear if he has already had a psychological evaluation and if so when that occurred. UR notes state extensive prior psyche treatment, but no documentation of functional benefit. The medical necessity for psychological evaluation and treatment cannot be established without detailed information with regards to his prior psyche treatment. Due to insufficient information the medical necessity of this request is not supported and the utilization review determination of non-certification is upheld.