

<b>Case Number:</b>	CM14-0136752		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 47-year-old female who reported an industrial/occupational continuous trauma injury that occurred between October 7, 2012 and October 7, 2013. The injury was described as job stress resulting from the defective new billing system and has resulted in the patient reporting symptoms of feeling depressed, anxious, disturbed sleep, headaches, decreased libido, irritability, poor adjustment. She has been diagnosed with the following psychiatric conditions: Psychological Factors Affecting Medical Condition Semi-, Adjustment Disorder with Anxiety and Depressed Mood. A request was made for psychological evaluation and treatment, the request was non-certified. The utilization review rationale for not approving the requested treatment "was stated as: "the patient has a one month history of alleged psychiatric stress injury who has already undergone psychological evaluation for which there is insufficient clinical data to substantiate the diagnostic impressions or treatment recommendations. Absent these data, and additional psychological evaluation would be redundant and there is an adequate information to determine if treatment is necessary on an industrial basis." This independent medical review 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 & treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 06/12/14), Psychological evaluations.

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

**Decision rationale:** I reviewed the medical records as they were provided to me for this independent review; unfortunately, they consisted of only 27 pages of insurance paperwork regarding the request other than a one page document. That one page, doctor's first report of occupational injury and treatment authorization is a difficult to read handwritten note that contains very little information. The treating doctor who was requesting this treatment did not provide sufficient documentation to support the medical necessity of this request. In addition, this request was improperly written as it was submitted for this independent medical review. The independent medical review process is an all-or-none process, meaning that no modifications can be provided. The wording of the request has several problems with it that make it impossible to approve from an IMR perspective. First, the request for treatment is unspecified. All requests for psychological treatment that are under consideration for an IMR must contain quantity associated with the request. If I were to approve this request for unspecified number of sessions it would be essentially granting the patient unlimited treatment with an unlimited frequency per week and unlimited quantity that would exist until the case is closed. In addition the request combines two different issues the request for treatment and the request for the evaluation. This makes it impossible to approve one without approving the other. According to the MTUS treatment guideline psychological evaluations are recommended. They are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. The utilization review rationale that was provided to explain the reason for non-certification of this request appears to contain several errors: first it states that the patient has already had a psychological evaluation, by this I assume that it is referring to the one page doctor's first report that I reviewed. This is not a psychological evaluation as far as I can tell. It is possible there is another evaluation that was done and not included in this small package of medical files but I don't think that is the case. Another error that was made by the utilization review was that it states that the patient has had a one month exposure to psychological stress when in fact it appears, although I'm not certain, that the patient had a one year exposure which is significantly different and provides additional support for this request. Finally, while it is not required that psychological evaluations be completed prior to the start of treatment, this is the general practice when an evaluation is being requested that its completion dictates the treatment that is to follow. Despite these two errors, because of the insufficient documentation supporting the medical necessity of the request combined with the errors in making the request that were mentioned above I'm not able to overturn this decision. Therefore, this request is not medically necessary.