

<b>Case Number:</b>	CM14-0154011		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/04/1998
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 are provided for this independent review, this injured worker is a 64-year-old male reported an industrial injury that occurred on May 4, 1998. The injury occurred while he while he was working for [REDACTED] and was lifting heavy truck wheels while bending and reaching. He was diagnosed with low back pain radiating into the bilateral legs, muscle spasm, other disorders of muscle, ligament, and fascia; chronic myofascial strain and sprain of the lumbosacral spine, multilevel degenerative disc disease, and spinal stenosis. He has been prescribed the anti-depressant medication Celexia and Ambien. He recently has suffered from 2 cerebral vascular disorder events -strokes and as a result has Expressive Aphasia and Dysarthria. A request was made for a psychological evaluation; the request was noncertified with the following utilization review rationale provided: documentation did not reveal that the injured worker complained of or has a history of depression or anxiety and there were no objective findings or diagnoses sees of depression or anxiety. Therefore the evaluation does not appear medically necessary. A second request was made for a psychological evaluation for qualification for spinal cord stimulator, this also was not recommended as being medically necessary because in the opinion of the utilization review that the injured worker was not a candidate for spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation with Psych Strategies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation; treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** According to the MTUS treatment guidelines psychological evaluations are generally well accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Request for Psychosocial evaluation is to determine if further psychosocial event interventions are indicated. Although psychological evaluations are recommended in the MTUS, no stated reason for this request was included in the medical records that were provided for this review. There was no indication of current psychological problems, a psychological diagnosis (even a tentative one), or any psychological symptoms that may require evaluation/treatment. There was no statement with respect to the reason for the request provided. The only indication of psychological difficulties was that the injured worker has been prescribed an antidepressant and a sleep medication that he has been taking for many years. This injured worker was injured in 1998 and there was no mention of prior psychological treatments or prior psychological evaluations, if any have occurred. Besides the absence of a discussion of the rationale for this request and any evidence of psychological difficulties that are not being addressed with his antidepressant medication, there was no indication of the injured worker's coping skills being deficient for specific coping skills that may need to be addressed in psychological treatment. Utilization review rationale for non-certification was incorrect in stating that the treatment should be denied because there was no history of depression or anxiety. There are many other reasons why a psychological evaluation would be warranted in a chronic pain injured worker and it is not contingent on having depression or anxiety solely, but there must be adequate reasons provided for the request, which in this case there was not any provided with the documentation received for the IMR. Because the request was not supported with sufficient justification for a psychological evaluation the medical necessity could not be established; therefore, request is not medically necessary.

**Psych Evaluation for Qualification for Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation; treatment; Spinal cord stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological evaluations, spinal cord stimulator Page(s): 1.

**Decision rationale:** According to the MTUS treatment guidelines psychological evaluations are generally well accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the

current injury or work-related. The request for psychosocial evaluations is to determine if further psychosocial event interventions are indicated. Specifically, the MTUS states that psychological evaluations or spinal cord stimulator's are recommended. As stated above with regards to the request for a psychological evaluation, there also was no support for a psychological evaluation to assess the injured worker's appropriateness for a spinal cord stimulator. The treating physician who requested the evaluation did not provide an explanation for why such an evaluation might be necessary. Spinal cord stimulator evaluations can be appropriate screening tools for patients who are being considered for a SCS, but not every patient needs to have a full psychological assessment for appropriateness; and there must be some discussion of the reason for the of the evaluation and none was provided. There is no indication that the injured worker has had psychologically caused problems with prior medical procedures, and there was no indication that is psychologically unfit for a spinal cord stimulator. More importantly, there was no mention in over 200 pages of medical notes that a spinal cord stimulator trial is being considered or has been discussed with the injured worker in any manner. Without a sufficient (specific and detailed) explanation for the reasons for the request explaining why it is needed, medical necessity cannot be established; therefore, the request is not medically necessary.