

Case Number:	CM14-0169156		
Date Assigned:	10/17/2014	Date of Injury:	04/23/1973
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 a licensed Clinical Psychologist 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 IMR, this is a 65 year and 11 months-old male patient who reported an industrial injury that occurred on April 23, 1973. The mechanism of injury was not provided. A partial list of the patient's medical diagnoses include: failed back surgery syndrome with intractable low back bilateral lower extremity and mechanical low back pain sequelae to industrial injuries. He is diagnosed with PTSD (non-industrial) secondary to military service in Vietnam. Additional psychological diagnoses were not provided. A medical note from July 8, 2014 states that the patient is being considered for a spinal cord stimulator. The patient is taking the medication Celexa for depression. The patient reports depression secondary to his pain condition and is on opiate medication. A progress note from the patient's primary treating physician from July 2014 states that they are trying to move forward with a spinal cord stimulator trial and get approval for it and the patient is having anxiety with respect to the procedure. Progress note from primary treating physician states that he continues to manage his depression with Celexa, is independent in activities of daily living, is able to drive short distances and requires no assistive devices. It is noted that he remains very active with his family and life but finds difficulty with walking and stairs and has foot drop of the right lower extremity. Sleep is interrupted two or three times a night. A psychological evaluation was requested, but not certified by the patient's insurance company. The rationale for non-certification was stated as the medical record was unremarkable for psychological complaints being noted either subjectively or objectively. Also that there is a diagnosis of depression secondary to pain but the records are not reflective of this complaint, or any symptoms associated with depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients, Colorado Division of Worker's Compensation

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

Decision rationale: According to the MTUS treatment guidelines, 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. Although the MTUS guidelines do recommend the use of psychological evaluations, and the criteria for using them are not specified, there does need to be a clear rationale for the procedure provided. There was such statement in the provided medical records. It was not clear if this is an evaluation for suitability for spinal cord stimulator, or if it was for psychological treatment considerations. As was stated in the utilization review decision, there was an absence of evidence of an active psychological issue. The only mention of a psychological problem was one sentence regarding his depression being managed with the medication Celexa and another one-sentence statement about the request for a procedure spinal cord stimulator trial and the patient being anxious. In addition, because the patient was injured 30 years ago, there should be information with regards to whether or not he's had a prior psychological evaluation. Because of the insufficient documentation provided it was not possible to make a determination whether the requested procedure is, or is not, medically necessary; therefore the utilization review decision is not medically necessary.