

Case Number:	CM14-0185804		
Date Assigned:	11/13/2014	Date of Injury:	05/03/2011
Decision Date:	12/22/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 as are provided for this IMR, this patient is a 57 years and 11 months old female who reported a work-related injury that occurred on May 3, 2011. A request was made for a referral to a psychologist for complaints of "nervousness and sleepless nights due to a motor vehicle accident which occurred in 2011." There were no details provided with regards to the mechanism of injury and very little information with regards to her physical treatment, and no information regarding her prior psychological treatment, if any. Medically, she's been diagnosed with right ankle and left arm fracture, MLS lumbar strain. A reference was made in the medical records to the existence of a QME report that recommends a psychological evaluation, however this was not included in the documentation to be considered for this IMR. There was no further documentation with regards to this request regarding information about her psychological symptoms and how they resulted from the accident. No psychological diagnosis was provided. There is no information with regards to prior psychological treatment other than a request that she be referred to a different therapist than the one that she saw previously. The requested referral to a psychologist was nonspecific, it was unclear if the request is for an evaluation or for psychological treatment. The request to a referral for a psychologist 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:

Referral to a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 10/23/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

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 regards to the current requested treatment for referral to a psychologist, the documentation submitted for review was insufficient to support the medical necessity of the requested treatment. There was essentially no documentation provided to support this request. No copy of prior psychological evaluations or treatment notes were included for consideration, there was mention of a QME report that recommended the referral to a psychologist but this also was not included. If the patient has already received psychological treatment, there was no indication of quantity, duration, when the treatment occurred, and whether or not the patient benefited from it. There was one mention that the patient did not want to return to the therapist that she had previously seen no further details. The rationale for the request was not clearly stated nor was there a clear indication of what the patient's psychological diagnoses is, other than "nervousness and sleepiness." Requests for treatment should contain at least a rudimentary discussion of the purpose of the request, none was provided. Without further documentation, the medical necessity of the request was not established and therefore the request for a Referral to a Psychologist is not medically necessary.