

Case Number:	CM14-0036093		
Date Assigned:	06/23/2014	Date of Injury:	07/27/2013
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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:

The injury reportedly occurred when the injured worker was lifting a gentleman from the toilet and felt a tearing sensation and pain in her right dominant shoulder. Her diagnoses were noted to include rotator cuff impingement syndrome, rotator cuff tear, acromioclavicular joint arthritis, adhesive capsulitis, and possible long head biceps tendon injury. Her previous treatments were noted to include physical therapy, medications, and surgery. The progress note dated 03/07/2014 reported the injured worker complained of pain to the upper back, right elbow, right wrist, and right hand with radiation to the right arm. The pain was associated with tingling and weakness to her right arm, muscle pain, and skin sensitivity to light touch. The injured worker also complained of being very depressed due to her physical condition and feels hopeless with little support at home, cannot fall asleep, losing sleep; however, denies any suicidal ideations. The physical examination of the cervical spine reveals range of motion was full in all planes and there was no spinous process tenderness or masses palpable along the cervical spine. There was a negative Spurling's maneuver bilaterally and an examination of the right shoulder revealed range of motion forward flexion was 80 degrees, abduction was 80 degrees, external rotation was 30 degrees, internal rotation was 70 degrees, and extension was 45 degrees. There was tenderness to palpation over the anterior/lateral/posterior aspect of the shoulder as well as positive Hawkins test, drop arm test, and Yergason's test. There was normal bulk and tone in all major muscle groups of the upper extremities and motor strength was rated 5/5. The request for authorization form dated 03/12/2014 was for a psychological evaluation to assess whether psychological impairment is present as a result of the injured worker's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation/Treatment QTY: 1.00: 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 Psychological Evaluations Page(s): 100-101.

Decision rationale: The request for a psychiatric evaluation/treatment is not medically necessary. The injured worker is complaining of depression. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations as well established diagnosed procedures not only with selected use in pain problems, but also 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. The interpretations of the evaluation should provide clinicians for a better understanding of the patient and their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery psychological assessment test found that there is a psychosocial disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Another trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive behavioral intervention focusing on psychological aspects of the pain problem. In a large random control trial, the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective psychologically. Psychological treatment in chronic pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The guidelines approach to pain management that involves psychological intervention has been suggested to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of a psychologist at this point includes education and training of the pain care providers in how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual and group therapy. If the pain is sustained in spite of continued therapy including the above psychological care, then intensive care may be required for mental professions allowing for a multidisciplinary treatment approach. The progress note

dated 03/13/2014 is the initial documentation of depression noted within the injured worker, there is a lack of documentation regarding previous feelings of depression to warrant a psychological evaluation/treatment. The injured worker was reported to have surgery 04/11/2014 and there is a lack of documentation regarding treatment after this procedure and how the injured worker responded. Therefore, the request is not medically necessary.