

Case Number:	CM14-0038233		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2002
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Clinical Psychology, has a subspecialty in Health 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:

Based on the records provided for this independent medical review, this patient is a 47-year-old female who reported an industrial/occupational work-related injury on May 17th 2002. The nature of her injury is that involves her neck, shoulders, upper extremities, carpal tunnel syndrome, and psyche. The injury is a cervical sprain strain while lifting and twisting with a bucket of heavy parts when she first became aware of the pain spreading over the back of her neck into her right shoulder and radiating down to the index and middle fingers later the left shoulder pain began as well as the depression. The details and exact diagnosis of her psychological status were not provided. A request for a psychological evaluation and 6 sessions of treatment was made determined to be not medically necessary by utilization review and thus non-certified. This independent medical review addresses a request to overturn that decision and authorize the psychological evaluation and six sessions of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation plus 6 sessions of treatment: 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 Part Two: Behavioral interventions, Cognitive behavioral therapy and psychological evaluations Page(s): 23-24, 100.

Decision rationale: The Utilization review decision to not certify a psychological evaluation and 6 sessions of treatment was stated as based on insufficient information provided to authorize it, that there was no indication of whether or not the patient has had prior treatment if so how much, if there was a previous evaluation conducted and what functional goals are to be achieved with the requested evaluation/treatment. I reviewed all of the paperwork that was provided for this request, however it consisted of only 26 pages with the vast majority of those being about the patient's recurrent request repeated. I agree with the original utilization review decision to not certify this request because the 26 pages did not contain any substantial information regarding the patient's psychological condition and most importantly there was no information provided about priori psychological evaluations and treatment. Her date of injury is from 2002 so it seems likely prior psychological work has already been done but without a statement that either it has or has not and if it has the outcome it's impossible to overturn this decision without any information about the mental health symptoms she is facing. It is also of note that while not required, it's often best practice to request the evaluation separately from the actual treatment sessions, that a comprehensive psychological evaluation is a lengthy and detailed process the result of which is information about diagnosis and treatment needs that should inform the nature of the therapy that is going to proceed after the evaluation so those two things should be done separately with the evaluation preceding the request for treatment but guiding it. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, psychological evaluations and psychotherapy are both recommended treatment modalities for carefully screened patients. It is very important to note that this decision is not based on the psychological status of the patient or the need for psychological evaluation or treatment, only that there was insufficient information provided on which to base a finding to overturn the original utilization review decision.