

Case Number:	CM14-0038808		
Date Assigned:	06/27/2014	Date of Injury:	11/19/2009
Decision Date:	08/05/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/02/2014

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, 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 provided for this independent review, this patient is a 54 year old male who reported an industrial/occupational work-related injury on 11/19/09 that occurred during his normal work duties for [REDACTED]. The injury occurred when the patient was pushing a living room piece of furniture; his right leg slipped out from under him, resulting in hyper extension injury to the right knee. He is status post right knee surgery. The patient complains of persistent right knee pain. A comprehensive 31 page psychological evaluation dated March 6, 2013 notes that he is experiencing depression, irritability, lack of patience, social isolation, difficulty sleeping due to pain, and depression due to functional limitations and requiring help for things that he did not use to need help for. The feelings of worthlessness and anxiety about financial situations that have been brought on by his inability to work. He has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, chronic; and pain disorder associated with psychological factors and General Medical condition. On 10/16/13, the patient also has a detailed and comprehensive 25 page psychological re-evaluation/update to reassess his current psychological condition and status and that this also revealed symptoms of depression and anxiety and results of its chronic pain and disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychodiagnostic testing to serve as a road map to better evaluate and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: According to the records received this request, the patient had a comprehensive psychological assessment/evaluation on March 3, 2013 and a re-evaluation later that year. Justification for providing yet another assessment at this juncture, especially with so little actual therapy having been provided, is not supported as being medically necessary. The MTUS guidelines for psychological evaluation states that it is a generally well accepted and well established diagnostic procedure. However, the patient has already had a more than sufficient amount of the evaluation relative to the amount of treatment that he is had. It appears that after the first evaluation a course of 12 sessions of psychotherapy were authorized for the patient and although he did have several (exact number and outcome were not provided), but did not completed the course of 12 sessions for unknown reasons. The records do clearly establish the medical need for further psychological treatment, but not a need for another evaluation. The request is not medically necessary.