

Case Number:	CM14-0053269		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2008
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 injured worker is a 60 year old male who reported an industrial/occupational injury that occurred on October 30, 2008 during his work duties as a truck driver. This injury occurred and is trying to stop a metal rack from striking him in the face of work. There is also a cumulative trauma work injury spanning the period of January 1, 2004 through October 30, 2008. He has had multiple surgeries and procedures. Because this review is for mental health treatment it will focus primarily on the psychological issues that the injured worker is facing. The patient reports pain and injury in multiple body areas including cervical spine, both shoulders, neck pain, sleep disturbance, depression, and anxiety. There is a psychological diagnosis of Major Depression, recurrent, moderate from [REDACTED] and a mention of anxiety getting worse. There are two notes from [REDACTED] from [REDACTED] stating that he has been treated for chronic mental health issues since 2003 and is a risk for deterioration, and experiencing changes in memory and that stress from legal probably related to his injury is causing anger outbursts and should be minimized as much as possible and the second note stated that he has been under the care of a psychiatrist since 2009 and has depression exacerbated by his chronic pain and the work compensation hearings. A request for Psyche evaluation was made and non-certified. The utilization review rationale for non-certification was that the term Psyche evaluation could refer to a number of different things including a psychiatric evaluation, a psychological evaluation, or something else. Attempts were made to clarify what was being requested, but were unsuccessful. This independent review 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:

"Psyche" evaluation (date of service 03/14/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398, Chronic Pain Treatment Guidelines Psychological Treatments Page(s): 101.

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

Decision rationale: I carefully read and considered all of the medical records as they were provided to me for this independent review. They consisted of approximately 195 pages. I found no documentation whatsoever to clarify what the request for this treatment modality is, and I agree with the utilization review non certification for a psyche evaluation as include refer to any one of several different procedures. There is no specific documentation that refers to a psychological evaluation to confirm this. The MTUS guidelines for psychological evaluations state that they are generally accepted, well established diagnostic procedures. Requests for psychological treatment must be clearly made. This includes the exact procedure being requested, the number of units/sessions/visits, the reason for the request must also be provided in sufficient detail that includes symptomology and at least a tentative diagnosis or at a minimum a detailed explanation of the rationale for the procedure. Due to lack of documentation the request for a Psyche evaluation is not medically necessary or appropriate.