

Case Number:	CM14-0074448		
Date Assigned:	07/16/2014	Date of Injury:	04/26/2011
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 made available for review, this is a 40-year-old female with a 4/26/11 date of injury. At the time (4/25/14) of request for authorization for Psychodiagnostic evaluation and review of medical records, there is documentation of subjective (pain in bilateral legs and numbness in the right toes; sleep disturbance; loss of drive and interest; nightmare; fearful; and loss of libido) and objective (Beck Anxiety Inventory score of 51 suggesting sever anxiety and Beck Depression Inventory-II score of 33 suggesting severe depression) findings, current diagnoses (anxiety disoreder, chronic pain, and insomnia), and treatment to date (medications, and psychologic treatment). In addition, the 4/25/14 initial psychological consult report identifies a request for authorization for comprehensive psychodiagnostic evaluation and medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychodiagnostic evaluation and review of medical records: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of anxiety disorder, chronic pain, and insomnia. However, despite documentation for authorization for comprehensive psychodiagnostic evaluation, and given documentation of a 4/25/14 psychological consult, there is no documentation of a rationale identifying the medical necessity for the current requested psychology consultation. In addition, there is no documentation of subacute and chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Psychodiagnostic evaluation and review of medical records is not medically necessary.