

Case Number:	CM14-0085092		
Date Assigned:	07/23/2014	Date of Injury:	05/06/2011
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 that were provided for this independent review, this patient is a 59 year old female (approximately, date birth was not provided) who reported an industrial/occupational injury on 6/06/11. The injury reportedly is cumulative trauma due to her work by [REDACTED] as a housekeeper starting in 1991. Medically, she reports low back pain, bilateral shoulder pain, and is awaiting surgery for her shoulder, and possibly her back as well. The low back pain has been problematic since 1996, a cervical/shoulder pain since 2003. There is radiating pain to the legs, knees, with periodic numbness and tingling. There are multiple other work injury pain complaints from prior years. The patient has had a psychological evaluation that was conducted on 5/3/13. There is some discussion/debate among her legal team, and doctors, on whether the patient is an appropriate surgical candidate for back surgery based on her psychological status. She has not had any psychological counseling and psychotherapy related to her injuries, and when she was asked if she was interested in such treatment she responded that she strongly is. She has been treated with the anti-anxiety medication ativan starting in June of 2000 and has also been prescribed Ambien. She reported that her current mood is somewhat better because she's been receiving help from her family and doctors, but that she has current and ongoing problems with anxious and depressed mood with crying spells once or twice a week. She has psychological diagnosis of Depressive Disorder, NOS with anxiety features, recurrent episode, chronic, mild, and stable; and Pain Disorder associated with both psychological factors and a general Medical condition, chronic, mild, and stable. She has also been diagnosed with Generalized Anxiety Disorder. A request was made for: pain management psychologist referral for evaluation of cognitive behavioral therapy and pain coping. The request was non-certified. The rationale provided by utilization review for the non-certification was stated as the following: she had a prior AME psych evaluation from May, 2013; detailed information was not provided

on why the patient would require pain management psychological referral at this point; and that the patient is awaiting surgery which may result in significant improvement making psychological intervention not necessary; there was no specific objective psychological dysfunction (e.g. depression/anxiety), and the most recent physical examination also did not reported an psychological dysfunction. This independent medical review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management psychologist referral for evaluation of cognitive behavioral therapy and pain coping: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two behavioral interventions, psychological evaluation Page(s): 100.

Decision rationale: I carefully and thoroughly reviewed the patient's medical chart as it was provided to me. The MTUS guidelines state that psychological evaluations are generally accepted well established diagnostic procedures not only with selected use in pain problems, but with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work related, as well as determining whether further psychosocial interventions are indicated. Given that this patient has had multiple work injuries and is considering shoulder and pain surgeries, that there is a question as to her psychological fitness to benefit from the back surgery, and that the patient apparently has not had any prior psychological interventions other than psychiatric medication, this request appears to me to be both medically appropriate and necessary. The only argument against providing the patient with this procedure is that she is had several lengthy evaluations already that have included an assessment of her psychological status, but her psychological status was not the main focus of these reports. Although utilization review makes several valid points why a psychological assessment may not be necessary, but my impression is that it would likely be helpful in documenting baseline levels of functional impairment that can be used to establish whether any subsequent psychological treatment is resulting in improvement. I do not agree with the utilization finding that there is insufficient documentation to suggest that this patient might need psychological treatment; in fact there is substantial evidence that she might benefit from learning how to better cope with pain issues. The request to overturn the non-certification of a psychological evaluation is approved.