

<b>Case Number:</b>	CM14-0091815		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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:

Based on the records provided for this independent review, this patient is a 42 year old male who reported an industrial/occupational work-related injury on February 21, 2014. The injury reportedly occurred during his normal and usual customary duties as a bus driver when he was Threatened by a male passenger, who looked like a gang member, with what appeared to be a knife in his hand. He reports symptoms of daily headaches, occasional muscle tension in the neck, blurry vision in the left eye, anxiety, episodes of crying, inability to sleep, decreased concentration, decreased appetite, nausea, and short tempered period. The Beck depression inventory revealed mild depression and severe anxiety. The patient's treating Physician indicated that he has anxiety and stress due to the assault as well as nightmares and outs of insomnia. The patient also has an acute anxiety reaction with no evidence of PTSD. Prior to this incident there were multiple other psychological stressors that the patient was exposed to during the course of his work duties; including a gruesome suicide, and a pipe bomb threat. The patient feels that he cannot return to being a bus driver for fear of the safety that the person who attacked him will likely find him and do so again. He is been diagnosed with adjustment disorder with mixed anxiety and depressed mood, personality disorder, blurred vision, muscle tension in the neck, headaches, and psychosocial stressors. Shortly after the incident the patient had a comprehensive psychological report conducted on May 10, 2014. A request was made for psychological evaluation, 5 psychological tests, records review and report preparation. The request was made as an effort to re-test the patient as it was felt that the original evaluation was fundamentally flawed. These requests for a re-evaluation were non-certified. The utilization review rationale for non-certification was stated as being due to insufficient documentation justifying a request for a second evaluation. 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:

### **Retrospective request for Psych evaluation (04/23/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Mental Illness & Stress Procedure Summary last updated 04/09/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluations Page(s): 100-101.

**Decision rationale:** With respect to psychological evaluations the MTUS treatment guidelines state that they are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Because the injury occurred on February 21, 2014 and the psychological report was conducted shortly thereafter on March 10, 2014 the request for re-test so soon after the date of the injury would require an extraordinary amount of evidence to justify. Neither the MTUS nor the ODG address the issue of repeating a Psychological Evaluation. The reasons for the request to repeat the evaluation that were made included: Failure to mention 2 prior stressful incidences that the patient was exposed to, failure to provide MMPI-2 T scores, faulty interpretation of the MMPI-2, lack of interpretation of the MMPI-2, or other tests in a manner that would guide treatment and declaring him MMI/P&S less than 3 weeks after the trauma. In reviewing the comprehensive psychological evaluation it was found that it was an adequate portrayal of events that had occurred as well as the psychological impact of them on the patient. Although some of the issues mentioned in making this request for a re-evaluation are accurate, for example a lack of T scores, and the non use of additional tests, there is no reason to believe that the conclusions were drawn as result of the testing work and an accurate portrayal of the patients psychological condition. Nor do I believe that the interpretation was faulty. I see no reason at this juncture to re-test this patient at this time as the evaluation that was conducted was sufficient. The treatment recommendation provided in this evaluation was that the patient is to have eight sessions of cognitive behavioral therapy, and I agree that they would be helpful and should be administered if the patient is still interested. Additional sessions, if medically necessary, may be considered as long as they fall into the parameters of the MTUS guidelines. The request to overturn the non-certification of these assessment/evaluation procedures is not approved.

### **5 Psychological tests: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Mental Illness & Stress Procedure Summary last updated 04/09/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two, Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**Decision rationale:** Because the authorization for re-evaluation of this patient was not approved (see above) this request is likewise not approved.

**Records Review:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Mental Illness & Stress Procedure Summary last updated 04/09/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Because the authorization for re-evaluation of this patient was not approved (see above) this request is likewise not approved.

**Report Preparation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Mental Illness & Stress Procedure Summary last updated 04/09/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Because the authorization for re-evaluation of this patient was not approved (see above) this request is likewise not approved.