

Case Number:	CM14-0098138		
Date Assigned:	07/28/2014	Date of Injury:	11/13/2003
Decision Date:	10/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 medical records provided for this IMR, this patient is a 43-year-old male who reported work-related injuries that occurred on the following dates: November 13, 2003. There are several additional work comp related dates of injury: 7/9/2003, CT: 8/6/2008-8/19/2007; CT 10/19/2007-10/19/2008; CT 6/1/2006-6/1/2007. On the date of injury for this IMR the patient fell 10 feet off a roof and sustained injury and pain to his neck, right shoulder, low back, and bilateral knees he is status post two right shoulder surgeries (2004/2007). The patient had been working from this company from the year 2000 through 2007 when he stopped to have surgery. He was a construction worker who work duties involved heavy lifting and demanding physical labor. A partial list of his medical diagnoses include: lumbar strain/sprain facet syndrome and radiculopathy; shoulder sprain/strain impingement and capsulitis. A progress note from his primary treating physician from November 2013 states a request for pain psychologist for consultation and eight visits for depression evaluation. "He is not suicidal but he does seem pretty depressed right now and has no one to see for this at this particular point in time." This progress note continues to state that the: "patient feels severely depressed regarding his pain and disability...that he is having erectile dysfunction issues that is related to pain but also his depression." There was no further information provided with regards to his psychological status or prior treatment history. A Lumbar Medial Branch Facet nerve block was provided in February 2014. His primary treating physician who made this request subsequently has closed his office and transferred the patient to a new primary treating physician. A request was made for a psychological evaluation and utilization review did not approve and offered the following rationale: "lack of clinical information submitted notes have impression of anxiety, depression and insomnia but there are no complaints of or objective physical findings documented in the history or exam. There is no social history presented as to effect on interpersonal relationships or

vocational avocation, there is no review of history of exam of sleep pattern, mood, judgment, cognitive/mental status, grooming, functional status, suicidal ideation, screening questionnaire such as sleep, that depression or anxiety indices that identifies the appropriateness or necessity of psychological services. There is no documentation regarding past or present psychotropic medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS treatment guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. There are several indications in the medical notes that were provided at the patient is struggling with depression and that a psychological evaluation would be a reasonable and medically necessary request to determine if there is a psychological diagnosis and whether or not it may need treatment. Specifically, the primary treating physician made the request for a psychological evaluation stated that the patient is seemingly severely depressed and that his objective reports are consistent with depression as well and that the depression is affecting his sexual functioning. This provides sufficient evidence of psychological symptomology that would necessitate a psychological consultation. The utilization review rationale for non-certification does point out that there are a number of important pieces of information that are missing that would substantiate the need for a psychological evaluation, however this information is the type of information precisely that is obtained by a psychological evaluation and it would not be reasonable to expect it to be there prior to one being conducted. It is unclear whether or not the patient has had a psychological evaluation already and if so when, but it does not seem based on the records provided that one has been done. The finding of this independent medical review is that the requested treatment appears to be reasonable and the threshold of medical necessity was met, therefore the utilization review decision is overturned.