

Case Number:	CM14-0098954		
Date Assigned:	07/28/2014	Date of Injury:	07/03/2003
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 independent review, this patient is a 69 year old female who reported an industrial/occupational work-related injury on July 3, 2003. She is a long history of back pain with severe radiating shooting pain. She is unable to walk more than 50 feet without severe pain and must sit for a long period of time in order to recover afterwards. Medically, she is status post spinal cord fusion surgery, and has been diagnosed with severe facet arthropathy and unstable spondylolisthesis. Prior to her recent surgery she was cleared for the procedure psychologically after undergoing a psychological evaluation. There is a note stating that she had difficulty completing the psychological tests, complaining of concentration and fatigue issues. She was diagnosed with pain disorder; depressive disorder, anxiety disorder and cognitive disorder. The note goes on to mention that she is currently not receiving mental health treatment but indicated that she would be open to doing so after her surgery to help her cope with her life situation. A request was made for a psychological evaluation, this request was non-certified. The utilization rationale for non-certification was stated as being that the patient has already had a psychological evaluation on March 11, 2014 and that minimal psychological symptomology was demonstrate, that she does not have substance abuse problems and has significantly improved following her recent lumbar spine surgery. 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:

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, psychological evaluation, page 101 Page(s): 101.

Decision rationale: According to the MTUS guidelines psychological evaluations are generally accepted and well-established diagnostic procedures not only with selected use in pain problems, but with more widespread use in chronic pain populations. The one point that the utilization review made that was accurate with regards to this treatment is that she recently did in fact have a psychological evaluation. The evaluation was geared towards approving her for her upcoming spinal fusion procedure and was not geared toward psychological treatment but otherwise it does appear to be sufficient and that a psychological evaluation would be redundant. In addition it would also be unnecessarily taxing to this patient based on her response to the earlier one. Psychological evaluations can be helpful for psychological treatment but they are not required this patient could be considered for psychological treatment without having a full evaluation conducted. However there are indications in her medical report that she has had prior treatment. A new course of psychological treatment would be contingent upon documenting the medical necessity of it, and this would include detailed information regarding her prior treatment. The conclusion of this independent review is that the requested procedure is deemed to be not medically necessary based on the fact that it would be redundant, and although it would add some new information that might guide her future psychological treatment, her recent psychological evaluation from earlier this year through sufficient to provide diagnostic information if such treatment is needed.