

<b>Case Number:</b>	CM14-0148109		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 01/15/2013. She reported sustaining pain related injury to the right wrist, hand, proximal right upper extremity, and right shoulder pain related to repetitive work activities that have increased over time. The injured worker was diagnosed as having hand pain, shoulder pain, dizziness and giddiness, right De Quervain tenosynovitis, and depression secondary to chronic pain and decreased function. Treatment to date has included medication regimen, status post rotator cuff repair, and electromyogram with nerve conduction study. In a progress note dated 08/13/2014 the treating provider reports complaints of right upper extremity pain that was noted to have decreased from prior examination. The treating physician requested an evaluation with a pain psychologist noting that the injured worker is having memory issues that are felt to be secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with Pain Psychologist:** Overturned

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

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

**Decision rationale:** Citation Summary: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Decision: A request was made for an evaluation with a pain psychologist, the request was non-certified by utilization review with the following rationale provided: "the review of systems in the recent visit was significant for depression. It was also documented that the patient was reporting memory issues. However, there was no comprehensive neurological and mental status examination that would support pain psychologist evaluation." The MTUS guidelines as stated above established that the requested procedure is a generally well accepted and established one. The utilization review statement that a comprehensive neurological and mental health status examination is needed to support this request is an accurate. There is no requirement that such assessment tools need to be completed prior to the request of a psychological evaluation. The patient is noted to be experiencing depression and delayed recovery from her physical injury. She has received a prescription and as of August 2014 was taking the medication Cymbalta for the depression. There is no indication of prior psychological evaluations being provided to her. A psychological evaluation based on the medical documents provided appears to be a medically appropriate and necessary intervention at this juncture for this patient based on the MTUS guidelines for the procedure. Therefore, because medical necessity is established, the request to overturn the utilization review determination for non-certification is approved.