

Case Number:	CM14-0188553		
Date Assigned:	11/19/2014	Date of Injury:	05/01/2009
Decision Date:	04/03/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 56 year old male, who sustained an industrial injury on 5/01/2009. The diagnoses have included stress related tibial fracture and tension myositis. Treatment to date has included physical therapy, chiropractic care, NSAIDs, anxiolytic medication, acupuncture and modified activity. The clinical impression of magnetic resonance imaging (MRI) of the brain dated 8/14/2012 was unremarkable unenhanced intracranial MR evaluation. Currently, the IW complains of anxiety and tension in the back and neck area. Objective findings included no orthopedic ratable impairment. On 10/10/2014, Utilization Review non-certified a request for psychological evaluation noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 11/15/2014, the injured worker submitted an application for IMR for review of psych evaluation and treatment. A request was made for psychological evaluation and treatment request was non-certified. The utilization review rationale for non-certification was stated that: "The medical records indicate that the patient was evaluated by a psychologist 2012, the records do not establish the number of psychological treatments or any resulting objective functional improvement. According to the evidence-based guidelines: a detailed and thorough medical history must be obtained with relevant complaints, diagnostic/imaging results, and treatments instituted thus far, prior to any definitive assessments on the requested services." All the medical records that were provided for this review were carefully considered. The medical records that were provided consisted of approximately 200 pages with the majority of them being related to requested medical treatments. Patient has apparently already had a psychological evaluation as well as psychological treatment. However there was no information regarding this treatment or prior evaluations that was provided for consideration of this request. There was no definitive rationale clearly stating the reason for

this request at this juncture by the requesting physician. Although some brief mentions of psychological symptomology including stress and depression have been mentioned they were not a part of a cohesive statement regarding why this request is being made. Prior psychological treatment information is essential in order to determine the medical necessity of this request. In particular, missing is any information regarding psychological evaluation that occurred in 2012 and subsequent treatment. The request itself combines 2 different requests into one. Therefore they must be considered at the IMR level as one request in an all or none fashion. Typically when a psychological evaluation is requested treatment authorization is contingent upon the completion of that evaluation. The purpose of most psychological evaluations is to determine what type of treatment is necessary. Due to insufficient information medical necessity the request is not established. Because medical necessity the request is not established utilization review determination is upheld.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines.

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

Decision rationale: Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 – 101. 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. The mechanism of injury is reported as repetitive cumulative trauma and alleged workplace harassment. According to a medical record from January 29, 2013 patient has been receiving: "physical therapy, chiropractic treatment and at the present time is taking lorazepam and psychotherapy." No further information regarding the psychotherapy treatment was mentioned in this particular note. The injury reportedly has resulted in symptoms of stress, anxiety, and

depression as well as sleep deprivation and TMJ due to teeth grinding as well as neck pain with numbness and tingling into the bilateral upper extremities.