

Case Number:	CM14-0192280		
Date Assigned:	11/26/2014	Date of Injury:	04/18/2011
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 licensed in 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 provided medical records, this patient is a 30 year old Spanish-speaking male who reported a work-related injury that occurred on April 18, 2011. At the time of his injury he was employed by [REDACTED] harvesting strawberries as a laborer. The injury occurred when he fell off of a flat-bed truck and suffered multiple fractures. A partial list of his medical diagnoses include: status post open reduction internal fixation left radial head; status post thinning left distal radius; left elbow stiffness and pain; status post tendon transfers for radial nerve; wrist and thumb extension weakness. He has substantial nerve injury. He presents with left arm pain, stiffness and weakness. He is unable to fully straighten his fingers and elbow. He reports poor sleep due to pain and headaches, there are difficulties in activities of daily living including bathing and dressing and inability to lift objects way more than a few pounds and decreased sexual functioning. According to a progress note from October 17, 2014, he reports symptoms of depression regarding his injury and loss of ability to work. A partial list of his prior treatments include conventional medical care, multiple surgical procedures, home exercise program, physical/occupational therapy, pain medication and intensive pain management treatment and care. This IMR will be focused on the patient's psychological symptomology/treatment as it relates to the presented request. A request was made for a psychological evaluation, the request was non-certified; the utilization review rationale was stated as: "the clinical information provided for review lacks documentation of the full functional deficits the patient presents with...and the deficits that are keeping the patient from working." This IMR 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: 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. With respect to the current requested treatment, over six hundred and fifty pages were carefully considered for this request. There was very little documentation of psychological dysfunction, and in that sense the utilization review rationale for non-certification is accurate. However, the patient is clearly showing delayed recovery after extensive conventional physical medicine treatment and surgical interventions. Extensive adjunctive treatments such as Occupational Therapy have also been attempted with some sustained benefit. The patient does have "complex or confounding issues" as mentioned by the official disability guidelines stated above. There is mention of several issues that may have some psychological overlay including: depression, sleep difficulty, headache, and sexual difficulty. As best as could be determined the patient has not received any psychological treatment or prior evaluations based on the records submitted for consideration. At this juncture a psychological assessment may prove beneficial given that it appears that conventional medical treatment with limited results. While additional supporting documents for this request would be ideal, and exception can be made to approve a psychological evaluation in order to determine whether or not he may, or may not, be a suitable candidate for further psychological interventions. Because medical necessity has been established, the request to overturn the utilization review determination is approved for one psychological evaluation.