

Case Number:	CM14-0200896		
Date Assigned:	12/11/2014	Date of Injury:	12/28/2005
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Psychologist (PHD, PSYD) 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:

The injured worker is a 64-year-old female, with a reported date of injury of 12/28/2005. The mechanism of injury was a fall, with loss of consciousness. The result of the injury was bilateral knee and low back pain. The current diagnoses include knee pain, lumbar facet syndrome, and low back pain. The past diagnoses included mild medial and lateral compartmental degenerative changes in the right and left knees. Treatments have included an x-ray of the right and left knees on 01/28/2013; Ibuprofen; and physical therapy in 2006, which provided mild pain relief. The medical report dated 10/06/2014 indicates that the injured worker complained of chronic progressive pain in her neck, lower back, right shoulder, right arm, right elbow, right wrist, right hand, bilateral hips, and bilateral knees. She also complained of headaches. She rated the severity of her pain a 9 out of 10. It was noted that the injured worker avoids performing household chores and driving because of her pain. The injured worker uses a cane for assistance with walking. The review of systems indicated that the pain does not interfere with sleep, concentration, mood, work, recreation, or family functions. The psychiatric examination was negative. The treating physician requested a consultation with a psychologist, specializing in chronic pain to address the injured worker's current coping skills and depressed mood related to chronic pain and decreased function. On 11/04/2014, Utilization Review (UR) denied the request for one (1) referral to a psychologist. The UR physician cited the Chronic Pain Guidelines, and noted that the medical records did not indicate that the injured worker was depressed or being treated for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a psychologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Psychological evaluations Page(s): 101-102; 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and psychological evaluations will be used as reference for this case. Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in December 2005. In his "Initial Consult" report dated 10/6/14, [REDACTED] recommends a psychological evaluation in order to "address current coping skills and depressed mood related to chronic pain and decreased function." The ODG states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." It further states that "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Although there is no documentation regarding depression, the injured worker has clearly continued to experience pain "after the usual time of recovery" for which psychological factors could be interfering. As a result, the request for a "referral to a psychologist" is reasonable and medically necessary.