

Case Number:	CM14-0206700		
Date Assigned:	12/18/2014	Date of Injury:	07/21/2013
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Board Certified 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:

According to the provided medical records, this patient is a 65 year old female who reported a work-related injury that occurred on July 21, 2013. The mechanism of injury was stated that she works at a grocery store deli counter and had a slip and fall accident resulting in back pain and left leg pain that radiates to her left foot. Physical therapy and chiropractic treatment have resulted in some improvement. In a letter written by the patient's chiropractic doctor, December 2014, the patient indicates that she is feeling despondent and worthless due to inability to work with anxiety about the future financial obligations given physical limitations she is facing and that she is having difficulty with sleep and concentration and has stopped pursuing activities of pleasure to enjoy is reporting anxiety and depression, and this is the reason for the request for a psychological consultation. It was further noted that these psychological concerns have only recently been mentioned by the patient because she was concerned about putting on a strong image to her physician because she has known him for 20 years. A request was made for a psychological consultation, the request was non-certified; 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:

Psyche consultation with a psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation ACOEM Second Edition, 2004, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. 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. With respect to the request for a psychological consultation, it appears that additional information has been made available subsequent to the utilization review that does establish the medical necessity of the request. The rationale for the request was clearly stated and appropriate, addressing the patient's difficulties adjusting to her chronic pain condition and subsequent emotional distress and psychological symptoms of anxiety and depression. In addition, several of the reasons for non-certification provided by utilization review are matters that will be addressed in the actual psychological evaluation that would not be expected to be provided by a chiropractic or primary treating physician. Because the requested intervention appears to be appropriate, and medically necessary the request to overturn the utilization review determination is approved.