

Case Number:	CM14-0206840		
Date Assigned:	12/18/2014	Date of Injury:	02/27/2014
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
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 53 year old male who reported a work-related injury that occurred on February 27, 2014 during the course of his employment for the [REDACTED]. The mechanism of injury is reportedly due to repetitive movement including lifting patients and taking them to the shower. On the date of injury he was lifting a patient to take and the shower weighed more than 200 pounds, the patient fell on top of him and he felt an immediate sharp pain. A partial list of his medical diagnoses include the following: lumbar radiculopathy, lumbar and cervical spine sprain/strain, cervical radiculopathy, insomnia, anxiety, and depression. According to a PR-2 report, from June 11, 2014, he presents with low back pain radiating to the bilateral lower extremities, right side more than left, with neck pain and headache and poor sleep. A psychological evaluation was requested (the request was undated) stating that the patient presents with moderate to severe and frequent and constant pain affecting his mood, energy, sleep, family relationships (especially with children) motivation for treatment/motivation for rehabilitation; directly affects the patient's attendance to medical appointments with PTP and physical therapy. A completed comprehensive psychosocial pain consultation was found in the medical records provided dated September 18, 2014, this is probably the requested evaluation, but it was not entirely clear. He was diagnosed with "Phase of Life Problem." It was stated that "the patient does not present with a clinically significant psychosocial symptoms and complaints. He only reports worries about his finances whether you will be able to work in the future as well as with his surgery. He requested the psychosocial consultation to help them decide whether or not to have surgery. It was determined that in this case industrial strictly on a psychosocial basis. No psychosocial treatment is recommended or necessary at this time." The consultation included psychometric testing: Epworth Sleepiness Scale, West Haven-Yale Multidimensional Pain Inventory, Brief Symptom Inventory, MMPI-2,

Beck Depression and Anxiety Inventor and several other assessment tools as well as a comprehensive psychosocial history. His mood is described as anxious and depressed with mild distress due to pain when examined by his primary treating physician on December 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Evaluation 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 regards to this request, the medical record contains conflicting information. Although there is documentation that the patient is experiencing psychological distress and symptomology from his primary treating physician and chiropractic physician, there is an already completed psychosocial evaluation from September 2014 stating that the patient does not have a specific psychological diagnosis and does not need of psychological treatment. And then subsequent to this report in October and December 2014 that suggests the need for assessment is still present due to anxiety and depression in the patient. There was no clear statement regarding this request is for a retrospective authorization of the September 2014 evaluation or for a prospective request for a second evaluation. In the absence of any clear indication that this is a retrospective request, it is presumed that the September 2014 evaluation was authorized prior to its completion, and that this is for a prospective psychosocial evaluation. If so, it does not appear to be indicated based on the findings of the September 2014 evaluation. The MTUS treatment guidelines do state that psychosocial evaluations are generally well accepted diagnostic procedures. However because of prior evaluation found that the patient is not in need of psychological services the medical necessity of a repeat evaluation does not appear warranted. Because medical necessity of the request is not established, the utilization review determination of non-certification of a psychosocial evaluation is upheld.

