

Case Number:	CM14-0208581		
Date Assigned:	12/22/2014	Date of Injury:	10/04/2013
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. The expert reviewer is Board Certified in Psychology (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 43 year old female who reported a work-related injury on October 4, 2013 during the course of her employment [REDACTED] school as a clerical assistant. The mechanism of injury is noted that she was on the playground and squatting down to help a student when she was struck by a tetherball in the left occipital lobe. A report from her primary treating physician, October 17, 2014, notes the patient reporting the following symptoms: constant neck pain with headache 2 to 3 times a week (with nausea and dizziness), right leg, arm and hand (pain) constantly with left arm and hand numbness, severe fatigue, difficulty sleeping, pain and discomfort. A diagnosis of status post-concussive secondary to impact brain trauma, left lateral occipital area, compressive neuropathy C6 right greater than left, see spine strain and sprain and IVD syndrome, and post-concussive fibroarthrosis. Past treatment has included conventional physical medicine and pain management medications, TENS unit and other physical therapy modalities, acupuncture treatment, chiropractic treatment with adjustment, active exercises, MRI imaging, referral to orthopedic and neurosurgical specialists. Psychologically, she is noted to have stress, depression and anxiety related to the pain. A request was made for psychological evaluation and a 2nd request was made for psychological treatment. According to a December 3, 2014 utilization review determination the request for psychological evaluation was approved, whereas the psychological treatment was denied pending the outcome of the evaluation. 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 treatment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Behavioral Interventions, Psychological Treatment Page(s): 100-101.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to this request, the medical necessity for psychological treatment is pending and contingent upon the results of the psychological evaluation that has been approved. A psychological evaluation should guide and inform whether or not additional psychological interventions are needed and if so what they should consist of. Until the psychological evaluations are completed, the necessity for psychological treatment is not established for this patient. Not all patients require a completed psychological evaluation to initiate psychological treatment; however, in this case, it is indicated due to the nature of the patient's reported head injury. The completed psychological evaluation was not provided for consideration for this IMR, and it is unclear whether or not it has been completed at this time. Because the medical necessity of the request has not been established, the utilization review determination for non-certification is upheld.

Psychological evaluation, per 10/17/14 Qty: 1.00: 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 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 is 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 request for a psychological evaluation, based on the medical records provided, appears reasonable and medically necessary. Psychological evaluations according to the MTUS are generally accepted, well-established diagnostic procedures. The patient exhibits delayed recovery and psychological sequelae as a result of her head injury and resulting pain condition. A comprehensive psychological evaluation can help determine whether or not psychological treatment may be of benefit to the patient. It appears based on the December 3, 2014 utilization review determination that this request has already been approved, the conclusion of this IRM is confirms and reiterates that the requested psychological evaluation is reasonable and medically necessary.