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| Case Number: | CM14-0208607 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 12/01/2011 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/12/2014 |
| 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 records, this patient is a 72 year old female who reported a work-related injury that occurred on December 1, 2011 the injury occurred when she was opening "an exit door she went backwards and fell on her left leg sustaining injury to her left leg, back, left foot and ankle." She was diagnosed with displaced fracture of the base of the 5th metatarsal; non-displaced fracture of the lateral ankle. Emotionally, she is described as experiencing sadness, depressed mood and desperation with irritability, worry about the future, low energy, loss of motivation, poor sleep. There is also indications of auditory and visual hallucinations including hearing unfamiliar female voices speaking to her 3 times a week and seeing shadow like figures. She experiences vague paranoia, anxiety and fearfulness and being attacked in her home were being run over by a car in the street and made a vague reference to thought broadcasting and thought insertion. The patient had a qualified medical exam dated June 18, 2014 which resulted in a 108 page report. This report included a comprehensive history of her medical care and her psychosocial history as well as documenting prior psychological/psychiatric treatment history). The evaluation and report also contained diagnostic testing using the Beck Anxiety Inventory, Beck Depression Inventory, MMPI-2, and Hamilton psychiatric rating scales for depression and anxiety. A mental status exam was also conducted. She has been diagnosed: with Major Depressive Disorder, Recurrent, Severe with Psychotic Features. Treatment recommendations states that the patient would benefit from 8 sessions of cognitive behavioral, one-on-one psychotherapy. There is also a notation that the patient indicates that she does not wish psychotherapy at this time and "would be fine talking with her

daughter." There is a notation that she suffered from suicidal ideation one month prior to the evaluation. A request was made for psychological evaluation, 3 requests were made: 2.5 hours, 6.5 hours, and a consultation report 18 pages, all 3 requests were non-certified. At the time there was an additional request for 8 sessions of psychological treatment and this was approved. Included among the materials for consideration for this IMR was a completed comprehensive psychological evaluation from October 2014, this appears probably to be the evaluation being requested for authorization. This IMR will address a request to overturn the utilization review non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Evaluation-2.5 HRS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Psychotherapy Guidelines

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 the request for Psych evaluation 2.5 hours, the medical necessity of the request is not supported by the documentation that was provided for this review. Although the MTUS guidelines clearly indicate that psychological evaluation is an appropriate intervention this patient has already received sufficient psychological testing. She was provided a very thorough, professional, and comprehensive evaluation in June 2014 that included her psychological/psychiatric status, a diagnosis, detailed description of her history, and psychometric assessment data. The need for another psychological assessment is unclear and to be not medically indicated and redundant. In addition, the patient expresses that she is not interested in psychological treatment. The request is not medically necessary.

Consultation Report-18 pages: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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 the requested consultation report 18 pages, the medical necessity of the request is not supported by the documentation that was provided for this review. Although the MTUS guidelines clearly indicate that psychological evaluation is an appropriate intervention this patient has already received sufficient psychological testing. She was provided a very thorough, professional, and comprehensive evaluation in June 2014 that included her psychological/psychiatric status, a diagnosis, detailed description of her history, and psychometric assessment data. The need for another psychological assessment is unclear and to be not medically indicated and redundant. In addition, the patient expresses that she is not interested in psychological treatment. The request is not medically necessary.