

Case Number:	CM15-0002581		
Date Assigned:	01/14/2015	Date of Injury:	12/21/2012
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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 medical records this female patient (date of birth [REDACTED]) reported a work-related injury that occurred on December 21, 2012. There was a marked paucity of information with regards to this requested intervention, the mechanism of injury was not reported in any significant detail and was unclear exactly what symptomology psychologically she is facing. There are conflicting diagnostic impressions and the entire documentation of psychological treatment consisted of only a page or 2 of clinical information other than what was provided in the utilization review determination. Psychologically, she has been diagnosed with the following: Generalized anxiety disorder, Post-traumatic stress disorder. According to a PR-2 progress report her psychological diagnosis was clarified as an Adjustment disorder with anxious and depressed mood and a sub-clinical posttraumatic stress syndrome. She is reported to be angry and anxious about returning to work and is forgetful with memory and concentration problems but improved socialization. Her mood is described as improved but still anxious. She is noted to be using her cognitive behavioral tools that she has learned in treatment effectively. There is indication of prior participation in cognitive behavioral therapies in October and November 2014 but the total duration of her treatment is not specified and few details were provided. It is noted that she suffered cardiac problems that occurred after a sexual assault episode. A request was made for a psychological reevaluation, the request wasn't non-certified by utilization review; 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:

Psychology Re-Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Although psychological evaluations are recommended, there is insufficient documentation provided with this request to support the re-evaluation. There is no indication of when the first evaluation was conducted and what it included. No copy of the original report was provided. There is no indication of why the request is being made other than she completed her cognitive behavioral therapy which in and of itself is insufficient to warrant the need for an entire psychological evaluation to be conducted. The psychological evaluation is a lengthy and complex document and can be an appropriate assessment tool, especially at the beginning of a treatment to help establish goals and a baseline, but if it's already been conducted recently there rarely a need to repeat the entire evaluation at the end of treatment. There was no information provided regarding her psychological treatment other than one or two brief progress notes it's not clear if she was in treatment for a long time or short period of time. Because of insufficient support for the request including a clear rationale for the reasons for it the request is not medically indicated as reasonable and necessary. Because the request is not indicated as medically necessary or reasonable the utilization review determination for non-certification is upheld.