

Case Number:	CM15-0008328		
Date Assigned:	01/23/2015	Date of Injury:	05/06/2014
Decision Date:	03/12/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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:

The injured worker is a 34 year old female who sustained an industrial related injury on 5/6/14. The injured worker had complaints of cervical pain, imbalance, and headaches. Diagnoses included anxiety, post-concussion syndrome, depressive disorder, post traumatic headache, migraine, and visual disturbances. Treatment included visual rehabilitation. The treating physician requested authorization for pain psychology testing x7 units. On 1/8/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted psychological testing would need to be determined by a pain psychologist upon evaluation. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Testing times 7 units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation. Page(s): page 100-101.

Decision rationale: Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 - 101 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. According to the provided medical records, the patient has been diagnosed with postconcussive syndrome, depressive disorder not otherwise specified, posttraumatic headache, migraine, visual disturbance, and anxiety state, unspecified. A pain psychological consultation was requested by the primary treating physician on September 30, 2014. The reason is that she is stating that she is having spasm after Botox which is noted to be an unexpected reaction and that there is an expected reactions to other medications. Mechanism of injury was reported that she was sitting at a chair when her desk suddenly collapsed beneath her causing her to fall backward striking her back of the head on a window. And she reports being unable to do limited restriction work activities with reports of dizziness and vertigo, headache and neck pain and decreased cognitive function. The request for psychological evaluation appears to be appropriate and medically necessary. The patient is experiencing delayed function. There is no evidence of prior psychological treatment or prior psychological evaluation. The reason given for non-certification by utilization review was inaccurate. Therefore, the request to overturn the utilization review determination for non-certification is approved and the request for a psychological evaluation appears to be medically appropriate and necessary.