

<b>Case Number:</b>	CM15-0105188		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 53 year old who sustained an industrial injury on 2/25/08. Initial complaints were not reviewed. The injured worker was diagnosed as having internal derangement of knee not otherwise specified; plantar fasciitis; chronic pain syndrome. Treatment to date has included right knee brace; medications. Currently, the PR-2 notes dated 4/1/15 indicated the injured worker complains of low back, right knee and right elbow pain. The injured worker reports the pain has been a burning, achy, sharp, stabbing pain that is constant with pushing, pulling, reaching, lifting, prolonged sitting, standing and walking with locking and giving way of the right and left knee. He notes the medications have been helpful and effective in terms of allowing his to tolerate less than normal activities and is using a right knee brace and has continued to work but is still in pain and fatigued. He reports issues of feeling stressed out due to ongoing pain in his back and knees. He would like to be evaluated by a psychiatrist and denies any suicidal or homicidal ideations. His medications are listed as Omeprazole, Lidocaine patch, hydrocodone-acetaminophen, Flector and Lyrica. On physical examination, the upper and lower extremities note trigger points palpated in the gluteus medius region and lumbar quadratus region bilaterally. There is notes tenderness along the biceps tendon and AC joint. Sensory examination in the upper extremities demonstrates paresthesias in digits 1, 2, and 3 of the right hand and digits 2 and 3 of the left hand. Sensory examination in the lower extremities demonstrates paresthesias along the medial and lateral aspect of the right leg and lateral aspect of the left leg. Deep tendon reflexes are symmetric and physiologic at 2/4 at the biceps, triceps and brachioradialis and the medial hamstring, patella and ankle bilaterally. Provocative tests indicate

positive findings for Adson's, Hawkin's, Speed, SI joint compression bilaterally, McMurray's test bilaterally, and patella compression. The provider documents that based on the evaluation of ongoing functional deficits in relationship to his occupational event for injury, chronic progressive functional impairment for his lumbar spine, both knees and thigh and shoulder area and continuation of working, he would like to have authorization for a psychological evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological 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 Two: Behavioral Interventions, Psychological Evaluation, Pages 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. A request was made for "a psychological evaluation" the request was non-certified by utilization review. Although the utilization review decision for non-certification was provided, the specific rationale for non-certification was missing from the UR report. According to a primary treating physician progress note from April 1, 2015, the patient "states that some days are better than others. He has been having some issues of feeling stressed out due to ongoing pain in his back and knees. He has requested to be evaluated by a psychiatrist. He denies suicidal or homicidal ideation." In the same treatment progress note, under the subject of Treatment Plan, it is stated: "I would like to get authorization for a psychiatric evaluation for chronic pain syndrome. He is currently working and I would like to consider him for the functional restoration program to maximize this functionality and help him with opioid dependency." In contrast to these two notations in the medical chart regarding a Psychiatric evaluation, the application for IMR states that this is for a "psychological evaluation." Hence, there is conflicting information with regards to the nature of this request. It is unclear whether or not this is a request for a psychiatric evaluation or a psychological evaluation. This IMR will proceed under the assumption it is for a Psychological Evaluation as specified on the request for

IMR. This patient has a date of injury of February 25, 2008. The patient's prior psychological treatment history, if any, is unclear and not discussed in any manner in the limited documentation that was provided. The entire medical records consisted of less than 20 pages. Before a psychological evaluation can be authorized it would be necessary to know when, and if, he has received any prior psychological evaluations or treatment. Clarification is also needed if this is for a psychiatric or psychological evaluation and reason for this request is, based on the very limited information provided the medical necessity of a request for a psychological evaluation is not supported by the documentation due to insufficient documentation. This is not to say that the patient does, or does not, require this treatment only that it is not clear precisely what is being requested and there is insufficient supporting documentation to authorize the request without knowing his prior psychological treatment and evaluation history if any. For this reason the request is not medically necessary or established and therefore the utilization review determination is upheld.