

Case Number:	CM15-0109735		
Date Assigned:	06/16/2015	Date of Injury:	11/23/2012
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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 male, who sustained an industrial injury on 11/23/2012. He reported pain in his left buttock and right shoulder. Diagnoses have included left hip degenerative joint disease, right shoulder derangement, right knee pain, low back pain and insomnia. Treatment to date has included physical therapy and medication. According to the progress report dated 4/2/2015, the injured worker complained of left hip pain rated 7-8/10 that radiated to the left thigh area. He also complained of left hip giving out and catching. He complained of moderate right shoulder pain rated 3-4/10. He complained of right knee pain rated 4/10 and back pain. Objective findings revealed right shoulder pain with impingement and low back pain with decreased range of motion. The physician plan was for physical therapy for the right shoulder and right knee. Authorization was requested for psychological evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychological evaluation and treatment: 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. See also psychological treatment 101-102; 23-24.

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. Regarding Psychological Treatment: 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 measurable/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. Decision: A request was made for psychological and treatment; the request was modified by utilization review to allow for psychological treatment only with the following provided rationale: "psychological evaluation is medically reasonable and authorized, authorization for treatment is premature in that evaluation needs to be done first." This IMR will address a request to overturn the utilization review decision. The medical necessity of this request for psychological evaluation and treatment is not established. A psychological evaluation has been determined by utilization review to be appropriate and medically reasonable/necessary. The psychological evaluation will assist in diagnosis and creating a preliminary treatment plan. This request for psychological treatment is unspecified in terms of treatment quantity. All psychological treatment requests being submitted for IMR need to have an appropriate quantity of sessions being requested clearly on the IMR request, otherwise it is the equivalent of authorizing unlimited and endless treatment. The medical necessity of unlimited sessions is not established by the provided documentation. According to a primary treating physician progress report PR-2 from May 26, 2015 this request appears to be for 6 psychotherapy sessions however, this would need to have been clearly stated on the IMR application and consistent with the original request for treatment in order for it to be considered. This same report also discusses that the patient would like to try psychological treatment prior to taking any more psychotropic medications, and that he is presenting with severe depression severe anxiety and somatic symptom severity as well as catastrophizing cognitions which indicate that psychological treatment appears to be appropriate once the evaluation is completed. For this reason the medical necessity the request is not established and utilization review determination for non- certification is upheld.