

Case Number:	CM15-0109793		
Date Assigned:	06/16/2015	Date of Injury:	04/15/2005
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
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 64 year old male, who sustained an industrial injury on 4/15/05. The injured worker was diagnosed as having erectile dysfunction, low libido, urinary incontinence, fecal incontinent, insomnia, severe spinal stenosis at L1-2, and stress and anxiety. Treatment to date has included L1-2 decompression and fusion, L4-5 and L5-S1 discectomy, C5-6 discectomy and fusion, C5-6 bilateral laminoforaminotomy, physical therapy, and medication. Currently, the injured worker complains of depression, stress, and anxiety. The treating physician requested authorization for a psych consultation in [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation in [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

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. Decision: A request was made for psychological consultation in [REDACTED]; the request was non-certified by utilization review of the following provided rationale: "one such consultation was done in 2012 and it seems that the claimant is currently being followed by another psychologist or psychiatrist. The medical necessity for him to see [REDACTED] in [REDACTED] is not apparent from the notes of [REDACTED] as there is not even a diagnosis regarding psychiatric disorder provided, although the doctor in his note states that the claimant has a history of depression." In this case, the claimant seems to be on psychotropic medicine being managed by a psychiatrist or psychologist in the medical necessity for him to be referred to another consultation to [REDACTED] is not provided by [REDACTED] and therefore consider not medically necessary." This IMR will address a request to overturn the utilization review decision of non-certification. All of the provided medical records were carefully considered for review and included approximately 400 pages. The medical necessity of this request was not established by the provided documentation. There was no clearly stated rationale for the requested treatment made by the requesting physician. It appears that the patient has received a psychological evaluation in 2012 is not clear at this juncture why this would be to be repeated. If a prior psychological evaluation from 2012 was in fact conducted it was not included for consideration. If the patient has not had a comprehensive psychological evaluation then one might be appropriate, however because this could not be determined definitively one way or the other it is assumed that the utilization review notation indicating that a recent (relatively speaking) 2012 evaluation was conducted. It is unclear whether or not any psychological treatment was provided as a result of this possible prior evaluation. In general further information would be needed in order to establish medical necessity of this request. The patient was injured over a decade ago and his prior psychological treatment history was not included for consideration with regards to this request. The patient's prior psychological treatment history, if any, would need to be discussed especially with regards to any prior psychological evaluations that he is already received in order to be able to determine the medical necessity of this request. Because the medical necessity of this request could not be established due to insufficient documentation, the utilization review determination for non-certification is upheld. This is not to say the patient does not require psychological evaluation only that the medical necessity was not established by the provided documents.