

Case Number:	CM15-0138575		
Date Assigned:	07/28/2015	Date of Injury:	09/15/2014
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This 56 year old woman sustained an industrial injury on 9/15/2014. The mechanism of injury is not detailed. Diagnoses include generalized anxiety disorder and major depression disorder. Treatment has included oral medications. Physician notes from a neuropsychology QME dated 1/20/2015 show complaints of anxiety and depression. Recommendations include individual psychotherapy, medication management, re-engage with her church community, engage in relaxing and distracting activities, and engage in social activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological eval/testing: 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. Decision: A request was made for psychological evaluation and testing, the request was not approved by utilization review which provided the following rationale for its decision: "injured worker is about 9 months from onset of symptoms. Injured worker developed anxiety due to work-related reasons. Diagnosis, Major depressive disorder, generalized anxiety disorder. Injured worker has had group therapy, unknown amount. Recent note shows injured worker on Effexor and Mirtazepine. The submitted notes are handwritten and difficult to interpret. No clear clinical rationale for need for Psyche evaluation is testing at this time. There is no detailed discussion of the efficacy of prior treatment and group therapy. There is no discussion of prior Psyche evaluation and testing prior to starting group therapy in the past." This IMR will address a request to overturn the utilization review decision. According to a primary treating physician report from the patient's therapist (not dated or signed) the patient has been participating in therapy and is noted to "works hard in her therapy sessions on decreasing symptoms." She has been diagnosed with the following: Major Depressive Disorder single episode, Severe; Generalized Anxiety Disorder. A joint panel qualified medical examination from January 20, 2015 in psychology was conducted and completed. It was noted at that time that she has been treating with a psychiatrist since December 3, 2014. Multiple handwritten treatment progress notes were provided for this review. It is also noted that she began group therapy at [REDACTED] on September 23, 2014 but did not find it helpful and was seeking individual rather than for treatment. She reported attending 17 sessions in 2014. It is unclear to what extent she is now currently participating in individual psychological treatment however the psychiatric medical records seem to suggest that she is, without further details provided. The January 20, 2015 evaluation included more than 10 psychological assessment tools and resulted in a clear diagnosis as well as treatment recommendations. The request for a psychological evaluation at this juncture appears to be redundant with the January 20, 2015 evaluation that is already completed and appears to adequately address the patient's psychological and psychiatric status. All the provided medical records were carefully reviewed and there was not a provided rationale for this request it was readily found. In the absence of a clear stated rationale for this request and because it appears to be redundant, the medical necessity is not established and therefore the utilization review decision is upheld.