

<b>Case Number:</b>	CM15-0141646		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 36-year-old female, who sustained an industrial injury on 08-26-2013. On provider visit dated 05-07-2015 the injured worker has reported left ankle pain, right ankle pain-compensatory. On objective findings, the left ankle was noted to have crepitus with range of motion. Mild instability of the anterior talofibular ligament on clinical testing was noted. Full range of motion of the subtalar joint was noted as well. The diagnoses have included left ankle chronic strain with mild instability-arthralgia with Achilles tendinopathy. Treatment to date has included medication. The provider requested consultation with psychologist for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with psychologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, and Pain/Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

**Decision rationale:** Citation Summary: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also 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 is 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. In addition, 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 is made for a consultation with psychologist, the request was non-certified by utilization, review provided the following rationale for its decision: "...there was no indication patient had reactive depression resulting in isolated your that would warrant the need for a psychological remission." This IMR will address a request return the determination by utilization review. According to a June 9, 2015 primary treating physician progress report it is noted in a psychological consultation with follow-up is requested to address reactive depression. January 28, 2015 the physician report, it is noted, "in addition, the patient has previously been considered a candidate for Psyche evaluation chronic depression related to industrial injury, so once again testing a psych evaluation as part of her future medical." All the medical records were provided for review were carefully considered. The consisted of approximately 59 pages, the request for psychological evaluation was supported minimally with descriptive information regarding the patient's psychological symptoms. The request was made for psychological evaluation in several places noting depression and reactive depression but no further descriptive patient was provided regarding symptomology. The MTUS guidelines do recommend the use of psychological evaluation in order to determine whether additional psychosocial interventions are needed. In this case, the support for a psychological evaluation is only marginal based on the provided limited documentation of medical necessity, however medical necessity does appear to be marginally established and therefore the request for this treatment is approved and the utilization review decision overturned. This request is medically necessary.