MAXIMUS Federal Services

Case Number:	CM15-0143979		
Date Assigned:	08/04/2015	Date of Injury:	01/24/2009
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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 is a 49 year old female with a January 24, 2009 date of injury. A progress note dated June 18, 2015 documents subjective complaints (mood changes, anxiety, worrisome thoughts about her health, crying spells, irritability, reduced concentration, fears of re-injury, withdrawal from family and friends, and loss of interest in usual activities; averaging six hours of interrupted sleep nightly; difficulty falling asleep; daytime fatigue which interferes with the completion of daily tasks and activities of daily living; constant right and left shoulder, arm, and hand pain), objective findings (oriented in all spheres; normal eye contact; cooperative; pressured speech with considerable frustration requiring redirection to stay on topic; normal thought process; depressed and anxious; sad; tearful when talking about chronic pain and loss of physical capacity; panicked; fearful; despondent; constricted affect with defensive failure observed via tearfulness when talking about work related stressors; reduced frustration tolerance poor insight), and current diagnoses (depressive disorder due to a medical condition; somatic symptom disorder with predominant pain). Treatments to date have included elbow surgeries, imaging studies, medications, and injections. The treating physician documented a plan of care that included a psychological re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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 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 1 psychological re-evaluation, the request was non-certified by utilization review was provided the following rationale for its decision: "there is a con-current request for cognitive behavioral therapy visits that would be required to be completed prior to a re-evaluation." This IMR will address a request to overturn that decision. Over 700 pages of medical records were submitted for consideration for this IMR. The patient is showing symptoms of delayed recovery from her industrial injury and there are repeated requests being made for cognitive behavioral therapy to learn more effective pain coping techniques and address multiple factors for delayed recovery including insomnia, fear of it re-injury, and anxiety. It appears that the patient has started or at least been authorized for cognitive behavioral therapy treatment. However, the medical records regarding this have not been included for if so were not readily found in the medical records. It is not entirely clear why a re-evaluation is needed at this juncture. According to a PR-2 the physician report from June 2, 2015 it is noted that the patient is a waiting to complete an authorized cognitive behavioral therapy evaluation with [redacted] who according to a June 19th reports diagnosed her with Mood Disorder Due To Medical Condition and Somatic Symptom Disorder. A psychological consultation report was found from June 18, 2015. This report included psychological testing as well as clinical interview. The resulting 10 page report contains treatment recommendations as well as a comprehensive picture of the patient's psychological status. At this juncture a psychological evaluation appears to be redundant with the June 18, 2015 evaluation and while it appears to be requested in order to determine the patient progress in benefit from an initial brief treatment trial, a psychological re-evaluation appears to be excessive and redundant given that one was conducted less than a few months ago. Therefore, because the request is not medically necessary the utilization review decision is upheld.