MAXIMUS Federal Services

Case Number:	CM15-0144314		
Date Assigned:	08/05/2015	Date of Injury:	09/21/2008
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 9-21-08. The injured worker was diagnosed as having reflex sympathetic dystrophy of the right lower extremity, complex regional pain disorder of bilateral hands, major depressive disorder, and anxiety disorder due to medical condition with panic attacks due to complex regional pain disorder. Treatment to date has included physical therapy, a home exercise program, an epidural stimulation trial, permanent epidural stimulator implantation, and medication. Currently, the injured worker complains of bilateral foot pain and bilateral hand pain. The treating physician requested authorization for a pain psychological evaluation with 9 hours of testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychological evaluation with 9 hours of 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: 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 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 was made for a pain psychological evaluation with 9 hours of testing, the request was non-certified by utilization, review provided the following rationale for its decision: "there is no detailed discussion of the efficacy of prior treatment or therapy. There is no discussion of home exercise program. There is no discussion of the prior psyche evaluation before the SCS implant... No documented re-injury. Based on the fact that the condition is exceptionally chronic in nature and IW had prior psyche about with SCS and ongoing treatment for depression without discussion of these prior psyche the evals and testing and without new hard clinical indications for need for additional excessive 9 hours of testing. The request is not medically necessary. This IMR will address a request to overturn that decision. According to a July 6, 2015 detailed history and examination primary treating physician progress report, the patient has been diagnosed with the following psychiatric disorders: Major Depressive Disorder, Mood congruent, moderate to severe, in remission; Anxiety disorder due to medical condition with panic attacks due to complex regional pain disorder, controlled. According to a May 14, 2015 agreed medical exam she was evaluated and diagnosed by Dr. Land (date unspecified but occurred sometime between February 2014 and February 2015) with " Major depressive disorder, single episode; atypical depressive disorder; anxiety disorder; body dysmorphic disorder; sleep disorder all due to general medical conditions. Based on the limited but sufficient medical records that were provided, it appears that the patient has been actively participating in psychiatric treatment. A psychological treatment history however is unclear and no details were provided with regards to prior psychological treatment. The medical necessity of the request for a pain psychological evaluation with 9 hours of testing is not established due to insufficient documentation regarding the patient's prior psychological treatment and psychological evaluation history. It is presumed at this juncture given that she was injured in September 2008 and has been under psychiatric care for some time, that the patient has already received psychological treatment and evaluation. This could not be determined definitively. Either way she has already been evaluated from a psychiatric perspective and provided sufficient diagnostic categorization of her clinical symptoms that have resulted from the industrial injury. Without more detailed information regarding the patient's prior psychological evaluations and treatment, the medical necessity of this request could not be established and therefore the utilization review decision is upheld. If this patient has not had a prior psychological evaluation than this would have affected this decision, however the request itself for 9 hours of testing is excessive in quantity. Nine hours of testing is more than most pain patients can tolerate and would result in redundancies and is determined to be excessive. This request is not medically necessary.