MAXIMUS Federal Services

Case Number:	CM15-0147293		
Date Assigned:	08/10/2015	Date of Injury:	01/21/2009
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 01/21/2009 while performing his usual job duties as a light rail mass transit vehicle operator. He was thrown into the air ending up on the floor a car leading to a sudden neck, back and shoulder injury. He developed subsequent depressive symptoms and sleep disturbance. He was given Trazodone, which he did not find helpful. On psychiatric consultation of 06/24/2015 he appeared fatigued and affect was anxious, moderately depressed and constricted. No signs of thought disorder, imminent suicidal or homicidal risk, hallucinations or delusional, paranoia or phobias were noted. He reported feeling constantly depressed and hopeless due to feeling rejected by his family. He reported increased sleep weight loss of 20 lbs., excessive worry, feeling worthless, having excessive worry, and nervousness. He showed psychosomatic disturbance. He was excited about the prospect of starting a part time job. The patient had previously received psychotherapy, but indicated that he did not want to receive further such treatment, nor did he want antidepressants or anti-anxiety medications. He was on Flomax, gabapentin, and Vesicare (prostate). Diagnoses included chronic dysthymic disorder with anxiety and pain due to do both general medical and psychological factors. Treatment to date has included cognitive behavioral psychotherapy and psychotropic medication. The provider requested reevaluation with psychologist in order to measure residual mental function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reevaluation with a psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: Psychological evaluations are recommended to assist in distinguishing between preexisting conditions vs those that are work related; a psychosocial evaluation may determine the need for further intervention. In this case it was requested to measure and rate residual mental function. There was no initial psychological evaluation provided for review, nor was there clear rationale for this request as the patient has declined all further services. This request is noncertified. Therefore, the requested treatment is not medically necessary.

Psychological testing, 6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: The interpretation of the psychological evaluation can guide the clinician towards a better understanding of the patient's needs, with the goal being more effective rehabilitation and less likelihood of developing chronic pain. The psychological evaluation can identify those at higher risk for development of chronic pain, allowing for earlier intervention psychologically and subsequent lower risk for work disability. Psychological testing is performed within a psychological evaluation. In this case, a psychological re-evaluation was noncertified. The rationale for requesting this service is unclear and no initial psychological exam was provided. This request is noncertified. Therefore, the requested treatment is not medically necessary.