

<b>Case Number:</b>	CM15-0161614		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/20/2004
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 an 80 year old female who sustained an industrial injury on 11/20/04. Initial complaints and diagnoses are not available. Treatments to date include cervical spine surgery, medications, and acupuncture. Diagnostic studies include MRIs of the cervical spine and right shoulder. Current complaints include neck pain which radiates down to the right pinkie finger. Current diagnoses include cervical disc displacement, pain in the shoulder joint, cervicobrachial syndrome, neck pain, and dementia. In a progress note dated 03-03-15 the treating provider reports the plan of care as medications including buprenorphine and biofeedback sessions. The requested treatments include a psychological consultation and 6 follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 psychology consultation, the request was non-certified by utilization review which provided the following rationale for its decision: "the medical documentation indicates that the claimant had clinical psychological consultation on January 10, 2012. However there is limited evidence regarding prior recommendations and psychological treatment completed to date." This IMR will address a request to overturn the utilization review decision and authorize psychological consultation. According to the primary treating physician progress note from February 9, 2015 and again on March 20, 2015 review of symptoms under the category of psychiatric "patient denies anxiety, depression, hallucinations, or suicidal thoughts." There is mention that the patient may have possible Alzheimer's dementia and that she has settled her claim of future medical included body parts neck, right shoulder, and psych. Further, it is noted that they do not feel a functional restoration program would be appropriate due to significant memory issues. On April 1, 2015 it was noted by the primary treating physician that the patient is recording depression and anxiety but not suicidal thoughts radiation. The medical necessity of the requested intervention is not established by the provided documentation. The patient was injured 11 years ago and the patient's prior psychological treatment history was not provided in any detail to know when she's had prior psychological consultations if any. Information regarding this patient's psychological treatment history would be needed in order to establish whether or not additional psychological interventions are recommended at this time. Given significant concerns raised the medical records in multiple locations about the patient's mental status due to possible Alzheimer's dementia it was noted that a functional restoration program would not be appropriate due to significant memory issues. This would appear to be a counter indication for psychological treatment at this juncture. For these reasons medical necessity of the request is not established and utilization review decision is upheld, not medically necessary.

**6 follow up visits with a psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. According to the primary treating physician progress note from February 9, 2015 and again on March 20, 2015 review of symptoms under the category of psychiatric "patient denies anxiety, depression, hallucinations, or suicidal thoughts." There is mention that the patient may have possible Alzheimer's dementia and that she has settled her claim of future medical included body parts neck, right shoulder, and psych. Further, it is noted that they do not feel a functional restoration program would be appropriate due to significant memory issues. On April 1, 2015 it was noted by the primary treating physician that the patient is recording depression and anxiety but not suicidal thoughts radiation. The medical necessity of the requested intervention is not established by the provided documentation. The patient was injured 11 years ago and the patient's prior psychological treatment history was not provided in any detail to know when she's had prior psychological follow-up visits or treatment if any. Information regarding this patient's psychological treatment history would be needed in order to establish whether or not additional psychological interventions are recommended at this time. Given significant concerns raised in the medical records in multiple locations about the patient's mental status due to possible Alzheimer's dementia (e.g., it was noted that a functional restoration program would not be appropriate due to significant memory issues as one example). This would appear to be a counter indication for psychological treatment at this juncture. For these reasons medical necessity of the request is not established and utilization review decision is upheld, not medically necessary.