

<b>Case Number:</b>	CM15-0199744		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 66 year old male, who sustained an industrial injury on 08-14-2009. A review of the medical records indicates that the worker is undergoing treatment for right knee degenerative joint disease. Treatment has included Gabapentin, Tizanidine, Oxycodone, Diazepam, Remeron, Lidoderm patches, epidural injections of the back and neck, surgery, physical therapy and psychotherapy. The worker underwent right total knee replacement on 07-02-2015. On 09-08-2015, the worker noted that they were not doing well and were in a lot of pain. Lexapro was noted as having been stopped due to surgery and was restarted one month ago. Objective findings were within normal limits. The physician noted that the worker was going to be seen by the psychologist for 4 sessions. Subjective complaints (09-11-2015) included pain that interfered with sleep and continued anxiety dreams. The physician noted that the worker was doing a bit better since the last visit and was trying to use biofeedback tools to manage anxiety and get back to sleep. Objective findings were notable for Beck Depression Inventory score of 39 and Beck Anxiety Inventory score of 45 with more desire for social activity. The treatment plan included continued cognitive behavioral therapy, biofeedback and psychoeducation to reduce symptoms of depression and pain syndrome. Subjective findings on 09-18-2015 included feelings of profound sadness and feelings of failure at times and that he saw very little hope for the future. Objective findings were notable for a score of 10 out of 10 on the subjective unit of distress scale for hopelessness, worthlessness, emotional pain and frustration, score of 8 SUD for dull, empty, anxious, tired and sad, Beck Depression score of 42 and Beck Anxiety score of 38. Due to long period of no psychotherapy, the worker was noted to need a full psychological evaluation to identify the extent of his current distress and an appropriate treatment protocol. Treatment plan included continued cognitive behavioral therapy, biofeedback and psychoeducation. A request of

psychological evaluation and 8 sessions of psychoeducation was submitted. A utilization review dated 10-09-2015 non-certified requests for psychological evaluation x 1 and psychoeducation (8 weekly sessions).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psychological Evaluation x1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**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. A request was made for psychological evaluation, and eight weekly sessions of psychoeducation these requests were non-certified by utilization review. The request were submitted at the same time as the request for psychotherapy eight sessions and biofeedback eight weekly sessions both of which were approved. Utilization review provided the following rationale for its decision of non-certification of this request: "The psychological evaluation is not indicated because the patient is known to the requesting clinician and there is a current comprehensive a.m. each psychological evaluation, so a repeat psychological evaluation would be redundant and not necessary." This IMR will address a request to overturn the utilization review decision. According to a psych AME report March 10, 2015 permanent and stationary status [REDACTED], [REDACTED] the patient is diagnosed with Major Depressive disorder predominantly caused industrially with future medical care to include psych visits and manage medications and if additional surgeries are to be conducted that he would need "additional psychiatric treatment of 10 to 12 sessions of individual therapy." The patient has had a psychological evaluation completed in the last year, a repeat of the psychological evaluation is not necessary and would be redundant as the requesting treating provider has already been working with the patient for an unknown period of time. For this, the request is not medically necessary and utilization review decision is upheld.

#### **Psychoeducation (8-weekly sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** A request was made for Psychoeducation times eight weekly sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "the psychoeducation is not indicated because the patient is six years post injury and the prior psychological treatment likely addressed pain education and coping skills training." This IMR will address a request to overturn the utilization review decision. The ACOEM guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. Although the ACOEM does support psychoeducation is an appropriate intervention for patients with chronic pain, the patient has received prior courses of psychological treatment prior to his most recent total knee replacement earlier in 2015. In addition the patient has been approved for eight sessions of psychological treatment that was submitted at the time of this request. Between the prior psychological treatment that the patient has received and the current approved psychological treatment this request appears to be redundant with his prior and present treatment and therefore is not medically necessary and the utilization review determination upheld.