

<b>Case Number:</b>	CM15-0208210		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 45 year old female who sustained an industrial injury on 09-21-2000. Medical records indicated the worker was treated for reflex sympathetic dystrophy of lower extremity, foot joint pain, anxiety, and depressive disorder. In the provider notes of 09-16-2015 and 09-21-2015, the worker is seen for her centralized complex regional pain syndrome and a change in status to her mood. She complains of increased anxiety, which has caused a relapse of depression. There are no situational issues described that might have precipitated the increased anxiety. The increased anxiety is sudden and dramatic so she is seeing an internist for a workup. She is seeing a psychiatrist who prescribed Ativan and Seroquel, but the worker declines to take the medications secondary to a voiced desire to avoid addictive and sedating medications. She complains of multi-body part pain with burning and deep aching with numbness. The worker does exercise on a regular basis and is leading a support group for complex regional pain syndrome. Her physical exam describes her pain behaviors within expected context of disease, and her mood and affect is normal. Gait is normal, and posture is normal. Her medications include Ativan, Levothyroxine, and Loestrin, Neurontin, Oxycodone, Tizanide, Zoloft. The treatment plan includes a psychology referral to chronic pain psychology-evaluate and 6 sessions to treat. A request for authorization was submitted for chronic pain psychology with evaluation, quantity: 6 sessions. A utilization review decision 09-28-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic pain psychology with evaluation, quantity: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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

**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 "Chronic pain psychology with evaluation, quantity: six sessions" the request was non-certified by utilization review which provided the following rationale for its decision: "A lack of documentation of the progress notes from a psychiatrist showing previous treatments, therapy, and progress. It is also non-certified due to lack of documentation of the severity of the depression and anxiety." This IMR will address a request to overturn the utilization review decision. According to a primary physician treatment progress note from September 16, 2015 [REDACTED]: "Today she presents for a change in status related to her mood. She reports a sudden and dramatic increase in anxiety has turned cause a relapse of depression. To her credit, she is engaged in a workup with her internist." She has also seen a psychiatrist who placed her on Ativan and recommended Seroquel, which she declines to take. She is quite worried about this increase in anxiety interfering with the progress she has made with her chronic pain and continues to want to avoid addictive and sedating medications. To her credit, she continues to exercise on a regular basis and is leading a support group for complex regional pain syndrome. Resolving this increase in anxiety is essential for her to maintain her pain control and function that she has worked so hard to achieve. We also recommend that she follow up [REDACTED] who used to be her pain psychologist for an eval." Approximately 200 pages of medical records contained in several separate files were reviewed for this IMR, the medical records did not contain any psychological treatment notes regarding her prior psychological treatment. Although there are clear indications that the patient has participated actively in psychological treatment no information was provided detailing this course of psychological treatment. Further information would be needed in order to establish the medical necessity of this request including how much prior treatment she had, when it occurred, and what kind of outcomes were achieved. In the absence of any medical records provided

containing psychological treatment notes the medical necessity of this request was not established. In addition, the request contains two different request one is for a evaluation and the other is for 6 pain psychology sessions at the IMR level these are treated as one request for which the medical necessity of either one was not established due to insufficient psychological documentation. Therefore, because the medical necessity the request was not established and utilization review decision is upheld. This determination is not said the patient does, or does not, need psychological treatment only that the medical necessity could not be established due to insufficient documentation of prior treatment.