

Case Number:	CM15-0027025		
Date Assigned:	03/06/2015	Date of Injury:	12/30/2008
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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 male, with a reported date of injury of 12/30/2008. The diagnoses include posttraumatic stress disorder, and major depressive disorder. Treatments were not documented in the medical record. The agreed medical examination in psychiatry dated 07/21/2014 indicates that the injured worker's overall mood was mild to mild-to-moderate anxiety and depression without suicidal ideas. His emotions were quite restricted in range of expression, but generally appropriate to the content of his conversation and mood congruent. It was noted that the injured worker's emotional condition was stable. The treating physician requested psychological test, psychiatric evaluation of hospital records, and preparation of report of patient's psychiatric status, history, and treatment. On 01/29/2015, Utilization Review (UR) denied the request for psychological test, psychiatric evaluation of hospital records, and preparation of report of patient's psychiatric status, history, and treatment. The UR physician noted that the injured worker's emotional condition was stable and he was not actively suicidal; and there was no active psychotherapy or use of antidepressants or anti-anxiety agents indicated. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing quantity five: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100 and 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological testing Page(s): 100-101.

Decision rationale: Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 - 101 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. 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: According to a March 9, 2015 letter from the primary treating psychologist for consideration regarding this IMR the patient has been identified as having a psychiatric injury resulting in Post-traumatic Stress Disorder and Major Depressive Disorder subsequent to an on-the-job motor vehicle accident involving his neck and shoulders. It is noted that the patient has: "apparently gone without any mental health treatment regarding the 16 months that have elapsed since [REDACTED] evaluation, a comprehensive evaluation including all of the requested services is reasonable and necessary to adequately assess (the patient's) current psychological functioning and develop the proper treatment plan." On July 21, 2014 the patient had an agreed medical examination in psychiatry which included the administration of psychological testing (Beck anxiety and depression and suicide inventories, Wahler physical symptoms scale) He was diagnosed with Post-traumatic stress disorder and Major depressive disorder, recurrent with no personality disorders noted. This resulted in a 41 page report however, inexplicably, only selected pages were included for consideration for this review. The resulting report included treatment recommendations. Although the MTUS guidelines do clearly state that psychological evaluations are a generally well-respected and accepted assessment procedure, the patient has already received psychological assessment and diagnosis. This request appears to be redundant given that the patient has a completed psychiatric evaluation in his medical file from July 21, 2014 and while the psychological testing would be slightly different in some respects, the redundancy precludes the medical necessity of repeating this assessment. In addition, the patient's injury occurred over 7 years ago and his prior psychological treatment history is unknown however it is highly likely that he is already received prior psychological testing and treatment. No additional information regarding prior psychological treatment and assessment was provided. In general information regarding the nature of the patient's injury was also not included in this request. This is not to say that psychological treatment is, or is not, medically necessary-only that the requested psychological testing x 5 is not medically necessary due to

redundancy and the lack of information regarding any possible prior psychological treatments since the time of his initial injury and therefore the UR determination for non-certification is upheld.