

Case Number:	CM15-0029439		
Date Assigned:	02/23/2015	Date of Injury:	02/19/1996
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 67 year old male, who sustained a work related injury on 2/19/96. The diagnoses have included degeneration of lumbosacral intervertebral discs, sciatica, lumbar spine sprain and obesity. Treatments to date have included acupuncture, oral medications and work-outs to the best of his ability in a gym. In the PR-2 dated 1/19/15, the injured worker complains of having sleep apnea. He states that he is depressed. He is "profoundly" frustrated about his treatment. He states the denials of care have increased his depression. In his opinion, the physician feels the depression is, in part, related to the injured worker's chronic pain. The injured worker has tenderness and some spasm in the paralumbar area. He has severely limited range of motion in low back. On 1/23/15, Utilization Review non-certified a request for a psychological evaluation. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Upheld

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

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

Decision rationale: Citation: 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 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 a psychological evaluation, the request was non-certified. The utilization review rationale (1/22/15) for non-certification was stated as: "in regards to psychological evaluation, CA MTUS states psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. In this case there was no information of complaints of reactive depression/anxiety on exam, there are no psychological deficits identified. No psychological deficits are noted secondary to medications as well. There is no evidence of failure of psychological treatment by referring physician. Considering these, the psychological consultation is not justified as medically necessary." According to a treatment progress note from January 9, 2015 by the patient's primary treating physician, the patient states that he is depressed. "He states the denials of care have been increasing his depression. His depression is as well as in part in my medical opinion related to his chronic back pain. He, in my medical opinion, does need to see a psychologist or psychiatrist to discuss the issue of causation as it relates to his underlying depressive disorder, therefore the requested treatment is not medically necessary."