

Case Number:	CM15-0216869		
Date Assigned:	11/06/2015	Date of Injury:	09/29/2004
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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 36 year old male injured worker suffered an industrial injury on 9-29-2004. The diagnoses included lumbar post-laminectomy syndrome, sacrum disorder and thoracic-lumbar neuritis. The provider requested a psychological evaluation referral. On 5-11-2015 the provider noted the primary care provider had prescribed Xanax just short term. The provider noted he had reactive anxiety due to the pain condition but no depression. The injured worker requested referral to psychiatry. On 9-23-2015 the provider noted the Oxycodone and Oxycontin were helping the pain control. On 10-26-2015 the provider reported back pain, low back pain and knee pain rated on average 8 out of 10, at least 6 out of 10 and at worst 10 out of 10. The provider noted medication improved his condition. The pain was constant and radiating. The injured worker reported increasing left sided low back pain and the primary care provider was prescribing Xanax. On exam the lumbar spine was tender with positive left Faber's test and left Gaenslen's test. The provider noted the request for psychological evaluation was to help with anxiety due to pain and continued with Xanax per the primary care provider. Xanax had been in use at least since 3-16-2015. Utilization Review on 10-27-2015 determined non-certification for Outpatient psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Official Disability Guidelines (ODG).

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. Decision: A request was made for outpatient psychological evaluation, the request was non-certified by utilization review which used the ACOEM citation for specialist/psychological evaluation Chapter 7. Utilization review provided the following rationale for its decision: "the request for the consult fails to specify the concerns to be addressed in the independent for expert assessment, including the relevant medical and non-medical issues, diagnoses, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is non-certified." This IMR will address a request to overturn the utilization review decision and authorize an outpatient psychological evaluation. According to a primary care treatment progress note from September 23, 2015 the patient is being treated for chronic pain is rated as at least a six and worse a 10 with medication improving his condition and under the category of treatment borders it was noted that there's a request for consultation for psychological evaluation referral. However under examination it is noted in the psychology section that the patient is cooperative, pleasant, regular speech, clear speech. Under treatment plan it is stated that request authorization for psychiatric evaluation help with anxiety due to pain. Patient continues with Xanax per PMD. We do not support opiates and benzodiazepine combination. Patient education on potential fatal interaction. There was no specific information regarding with the request for a psychological evaluation. Although there was this mention of psychiatric evaluation to help with anxiety. According to a physician treatment progress note from March 16, 2015 under psychology is listed as positive for anxiety and insomnia but denies depression. Approximately 80 pages of medical records were provided for this IMR and were carefully considered. The provided medical records are confusing in terms of what is being requested. There are at least six mentions of the request for psychiatric evaluation to address issues of anxiety and insomnia. However, there is no specific mention of psychology evaluation with a clearly stated provided rationale for the request.

A psychological evaluation may be appropriate for this patient, however additional information would be needed in order to authorize the request. This information would include a minimum of specifically clearly stated rationale for the request, clarification on whether the request is psychological or psychiatric, and information regarding any prior psychological treatment that the patient has received in the past given that the date of injury is listed as having occurred over 11 years ago. For this reason the medical necessity of the request is not established and utilization review decision is upheld. It should be noted that this is not a statement that the patient does, or does not need a psychological evaluation, only that the medical necessity of this request, as submitted, was not supported by sufficient clarity in the medical records to support overturning the utilization review decision. The request is not medically necessary.