MAXIMUS Federal Services

Case Number:	CM15-0218188		
Date Assigned:	11/10/2015	Date of Injury:	10/07/2010
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male, who sustained an industrial injury on October 7, 2010. He reported burning and pain in his lower back. The injured worker was diagnosed as having chronic lower back pain, facet arthropathy L1-4, degenerative disc disease L4-5 with right paracentral disc protrusion at L4-5 encroaching the right L4 nerve root, right lumbar radiculopathy, status post right L4-5 decompression partial medial facetectomy foraminotomy discectomy, chronic right shoulder pain with arm involvement, type II acromion interstitial tear of supraspinatus tendon, SLAP tear with 11mm paralabral cyst, tendinosis of the supraspinatus and infraspinatus, depressed mood, pain behaviors and suicidal ideation. Treatment to date has included diagnostic studies, surgery, chiropractic treatment, physical therapy, injection therapy and medications. On September 22, 2015, the injured worker complained of severe lumbar pain without change. Physical examination of the lumbar spine revealed tenderness. On the day of exam, his current diagnoses included failed back with intractable pain and post right SLAP repair. The treatment plan included medications. On October 15, 2015, a physician note stated that an authorization was needed for an MMPI-2 to help establish a diagnosis. Since the physician had not seen the injured worker, an RFA cannot be completed, as the form requires a diagnosis. On October 28, 2015, utilization review denied a request for Minnesota Multiphasic Personality Inventory-2 (MMPI-2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, MMPI-2 (Minnesota Inventory 2nd edition).

Decision rationale: The claimant sustained a work injury in October 2010 with injury to the low back while loading a roll of plastic onto a conveyer truck. He was seen for a psychological pain assessment in March 2015. Testing included administration of the BBHI-2 (Brief Battery for Health Improvement), P-3 (Pain Patient Profile), and MBMD (Millon Behavioral Medical Diagnostic). There were validity concerns with respect to the results on the MBMD. He was considered a poor candidate for traditional medical treatments for pain. In September 2015 he was continuing to be treated for chronic pain including a diagnosis of failed back surgery syndrome. Norco was not providing material benefit. He was having intractable pain. Physical examination findings included right lumbar tenderness with "dramatic responses." Norco was discontinued and MS IR and Flexeril were prescribed. Authorization is being requested for further psychological evaluation through administration of the MMPI-2 (Minnesota multiphasic personality inventory).The MMPI and a revised version, MMPI-2, provide a psychological questionnaire that contains three validity scales and ten clinical scales that assesses the patient's levels of Somatic concern, depression, anxiety, paranoid and deviant thinking, antisocial attitudes, and social introversion extraversion. The instrument, one of the most commonly used assessment tools in chronic pain clinics, can be useful to evaluate which behaviors and expressions related to pain are secondary to psychological stress and which are related to personality traits. It is recommended as a first line option psychological test in the assessment of chronic pain patients. Criteria for the use of the MMPI-2 include to determine the existence of psychological problems that are co-morbid with chronic pain. In this case, the claimant has chronic pain and prior psychological testing has included concerns about test validity. The claimant has chronic pain with apparent psychological overlay. Medical management does not appear effective. The request for further evaluation using this instrument is medically necessary.