

Case Number:	CM15-0221520		
Date Assigned:	11/17/2015	Date of Injury:	09/17/2001
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/11/2015

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 46 year old female, who sustained an industrial injury on 9-17-2001. The injured worker was being treated for pain in unspecified shoulder, other spondylosis with myelopathy-cervical region, cervicobrachial syndrome, cervical radiculopathy, other muscle spasm, and mood disorder due to know psychological condition, unspecified. The injured worker (7-29-2015, 9-9-2015, and 10-14-2015) reported ongoing neck pain radiating down both arms. The injured worker reported her pain was rated as 9 out of 10 without medications and 3-4 out of 10 with medications. The injured worker reported taking her medications as prescribed and that her medications were less effective. The physical exam (7-29-2015, 9-9-2015, and 10-14-2015) revealed restricted cervical range of motion and bilateral paravertebral muscle hypertonicity, spasm, and tenderness. The treating physician noted tenderness of the paracervical, rhomboids, and trapezius muscles. The treating physician noted restricted right shoulder flexion, extension, and abduction due to pain. The treating physician noted restricted left shoulder flexion, extension, abduction, and adduction due to pain. The treating physician noted normal bilateral shoulder internal and external rotation and decreased sensation over the bilateral C6 and C7 (cervical 6 and cervical 7) bilateral upper extremity dermatomes. The urine drug screen (9-9-2015) indicated positive results for Gabapentin, Oxycodone, and Noroxycodone, which were consistent. Surgeries to date have included a posterior cervical decompression with C3 (cervical 3) laminectomy, C4-C5 (cervical 4-5) instrumented hinged laminoplasty, and left C6 and C7 foraminotomy on 3-2-2015. Treatment has included physical therapy, chiropractic therapy, acupuncture, massage therapy, a functional restoration program in

2003, medial branch block, cervical epidural steroid injections, and medications including oral pain, topical pain, anti-epilepsy, antidepressant, anti-anxiety, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (10-14-2015 report), the injured worker was working. The treatment plan included a referral to pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training. On 11-2-2015, the original utilization review non-certified a request for a referral to pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management Psychologist for Evaluation for Cognitive Behavioral Therapy and Pain Coping Skills Training: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Psychological treatment.

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 pain management psychologist for evaluation for cognitive behavioral therapy and pain skills training. The request was non-certified by utilization review which provided the following rationale for its decision: "The provider is requesting a psychological evaluation to keep the claimant functional. However, there is documentation of a October 15, 2015 psych evaluation with [REDACTED] in the most recent submitted report. Without documentation does prior psych evaluation or a clear clinical rationale for an additional referral to a psychologist for evaluation, medical necessity is not evident. Non-certification is recommended." This IMR will address a request to overturn the utilization review decision. According to a office visit report from the patient's primary treating physician from November 10, 2015, it is noted that the patient is status post cervical surgery March 2, 2015 with multiple prior surgical interventions over the past decade. It is noted that she has "mood disorder

due to known physiological condition, unspecified." It was further noted that under the heading of psych: "consult with [REDACTED]-recommended pain coping skills group, agree with recommendations...Referral to [REDACTED]...I am requesting referral to pain management psychologist for consultation to identify if there is any psychological or behavioral factors it may be contributing to chronic pain and delayed recovery. At this point, a consultation with the psychologist allows for screening, assessment of goals, and further treatment options. My assessment is that this patient's chronic pain and delayed recovery needs MTUS and ACOEM criteria." A six-page consultation from [REDACTED] from October 13 was found including psychometric testing in a comprehensive detailed discussion of the patient's psychological symptomology and diagnosis. Also included was a recommendation for an initial four sessions of psychological treatment. In this report it is noted that the patient "had a brief course of psychotherapy in the context of a functional restoration program in 2003. Sought individual counseling on a nonindustrial basis after a breakup and was started on Lexapro is good benefit. Industrially she has not had any further psychiatric or psychological treatments." At this juncture the patient has already had a psychological evaluation on October 13, 2015. Evaluation is comprehensive and sufficient and there is not need for a second psychological evaluation. The evaluation contains a diagnosis as well as treatment recommendations. This request appears to be redundant to this already existing evaluation although it is requested with a different therapist. Therefore, the medical necessity for another psychological evaluation is not necessary at this juncture. This is not to say that the patient is, or is not, in need of psychological treatment on an industrial basis: only that this request is not medically necessary and was found to be redundant to an existing and recent psychological evaluation. Therefore, the request is not medically necessary and the utilization review decision is upheld.