

Case Number:	CM15-0036386		
Date Assigned:	04/08/2015	Date of Injury:	12/11/2013
Decision Date:	09/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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 38-year-old female who presented with cumulative industrial injuries on December 11, 2013 resulting in chronic low back, neck and bilateral extremity pain accompanied by symptoms of depression and anxiety including fear-avoidance behavior secondary to pain. She is diagnosed with moderate to severe depression without psychotic features. Documented treatment relating to depression has included psychotherapy and medication. The injured worker continues to report symptoms of depression and anxiety. The treating physician's plan of care includes psychological evaluation and treatment. Current work status not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation and treatment QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, see also psychological treatment Pages 100 - 102.

Decision rationale: Citation Summary: 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: A request was made for a psychological evaluation and treatment quantity 8; the request was non-certified by utilization review with the following rationale provided: "(The patient) has already had psychotherapy in the past for approximately 2 to 3 months. January 28, 2015 report does not document functional improvement from this previous psychological treatment. Moreover, a psychiatric evaluation is and that individual could determine if psychological treatment if any is appropriate. Furthermore, since a psychiatric evaluation is approved, the request for a psychological evaluation is not documented to be medically necessary." This IMR will address a request to overturn the utilization review decision. This request combines two separate treatment modalities into one request and therefore they must be treated in an all or none fashion for this IMR which does not allow for modifications. A request for a psychological evaluation and treatment eight sessions is a matter of putting the cart before the horse. If a psychological evaluation were completed and determined that psychological treatment is necessary, then psychological treatment could be requested. But this is requesting treatment prior to the completion of the psychological evaluation that is designed to establish whether or not treatment is medically necessary. In addition, if this is a request to start a new course of psychological treatment then the MTUS and official disability guidelines must be followed both of which recommend a initial course of psychological treatment consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions) (ODG). According to a follow-up visit note from April 9, 2015 by [REDACTED] it is reported that the patient has not received any psychotherapy or counseling the past 2 to 3 months. That she had been evaluated one time only by a psychologist but never was treated and therefore there is no progress that could have occurred in psychological treatment work psychological care. It is also recommended at that time that she received cognitive behavioral therapy as well as an initial evaluation. A behavioral medicine consultation and testing ([REDACTED]) from May 11, 2015 provided a current and comprehensive evaluation of the patient's psychological status of included psychological assessment and testing as well as a comprehensive history. This document included it Beck Depression Inventory-II, state treat anxiety inventory, and the AAPM pain outcomes questionnaire this combined with the clinical interview resulted in the diagnostic impression of the following: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Chronic; Major Depressive Disorder, Recurrent, Moderate, without Psychotic Features; Sleep Disorder Due To Chronic Pain, Insomnia Type. Detailed treatment recommendations were also a result of this comprehensive report. Thus the need for a

psychological evaluation appears to be redundant in the context of this report, although a brief intake evaluation, should she start psychological treatment may be needed to supplement this report. For these reasons the medical necessity of this request is not established in the utilization review decision is upheld.