

<b>Case Number:</b>	CM15-0036391		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 49 year old female, who sustained an industrial injury on 12/6/2011. The details of the initial injury were not submitted for this review. She is status post disc replacement C5-6 and C4-5 in June 2012. The diagnoses have included L5-S1 annular tear, degenerative disc disease, thoracic, and status post arthroscopy of knee. Documentation of the treatment to date was not complete for this review. Currently, the IW complains of increased low back pain associated with a grinding sensation in the low back, and numbness in the buttocks and groin regions. The physical examination from 11/20/14 documented decreased sensation to feet, calves, buttocks and groin, and right side of thoracic spine, positive straight leg raise, and decreased lower extremity strength. The provider documented the inability to decrease medications due to new annular tear. The plan of care included continuation of medication therapy. On 2/9/2015, Utilization Review modified certification for a counseling evaluation with no additional visits approved. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of counseling evaluation and up to six (6) visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Counseling Evaluation, quantity 7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**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 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: The MTUS guidelines to support the use of psychological evaluation and assessment. As best as could be determined, this request is for both psychological evaluation and 7 treatment sessions. The utilization review decision was to modify the request to allow for the evaluation only and non-certified the 7 treatment sessions. Psychological assessment and evaluation will further clarify whether psychological treatment is indicated and if so what would be the appropriate treatment goals and frequency/quantity. The patient's injury dates back to 2001 and there is no psychological information provided regarding prior treatment, if any has occurred. It would be important to know her psychological treatment history if any. There is insufficient supporting documentation describing the rationale for this request, clarifying what precisely would be treated, and what the expected outcome would be of the treatment. Psychological treatment may be indicated for this patient at this juncture, however due to insufficient information provided by the medical records (only 22 pages of records were provided none of them pertaining to psychological symptomology directly) the medical necessity the request has not been established. Therefore, the utilization review determination is upheld.