

Case Number:	CM15-0039410		
Date Assigned:	03/09/2015	Date of Injury:	09/21/2011
Decision Date:	12/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 52 year old female who sustained an industrial injury on 09-21-2011. According to a progress report dated 12-31-2014, the injured worker had ongoing "severe" pain and numbness in both upper extremities. She had not yet undergone MRI of the right elbow or left wrist. She report ongoing concerns about depression, anxiety and recent panic attack. Assessment included chronic pain syndrome and depression, right ulnar impaction syndrome status post ulnar shortening with improvement of symptoms, right lateral epicondylitis status post-surgical treatment with persistent symptoms, right radial tunnel syndrome, right cubital tunnel syndrome, left ulnar impaction syndrome status post low shortening osteotomy with persistent symptoms, chronic sprain left wrist, left ganglion cyst in area appears a form and instability left distal radial ulnar joint. The provider noted that the injured worker had a complex and multi-factorial pain syndrome involving both upper extremities. A great deal of her pain localized to the right elbow. Left wrist pain persisted following an ulnar shortening. The treatment plan included MRI of the right elbow and MRI of the left wrist. The provider noted that the injured worker appeared to be overwhelmed by her chronic pain and had developed depression. Recommendations included evaluation and treatment by a psychologist to help manage the depression and anxiety. Follow up was indicated in 3 weeks. On 01-28-2015, Utilization Review non-certified the request for psychological evaluation, related to right elbow and left wrist injuries, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation, related to right elbow and left wrist injuries, as an outpatient:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, work loss data institute.

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. A request was made for a psychological evaluation, the request was non-certified by utilization review which provided the following rationale for its determination: "Why there was mention of the need for evaluation and treatment by a psychologist help manage depression and anxiety, there was no clear detail provided whether any previous psychological evaluation has been done for this claimant since the work injury including recommendations which should be established in order to help facilitate the appropriate treatment plan. Therefore, this request is not medically reasonable or necessary." This IMR will address a request to overturn the utilization review decision and authorize (1) one psychological evaluation. Decision: MTUS states that "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." One hundred and twenty-nine pages of medical records were submitted for consideration with regards to this request and were carefully reviewed for this IMR. There were inconsistencies in the medical records, for example January 21, 2015 office visit progress note by [REDACTED]. under review of systems physical examination category Psychiatric: reported "other and oriented to person, place, time and situation memory intact appropriate for age, mood and affect: no depression or anxiety." However, in the same progress note her primary physician wrote "the patient appears to be

overwhelmed by her chronic pain and has developed depression. Pain management will be the cornerstone of her treatment. I will see the patient has a secondary treat the leeward treating physician. I would also recommend should be authorized undergo evaluation and treatment by psychologist to help manage the depression and anxiety related to her industrial injury. Treatment of these disorders is outside my scope of practice." Patient is currently taking psychiatric medications: Lexapro and Ambien as well as additional pain management medicines. An Agreed Medical Examination from June 30, 2014 included a review of treatment provided to date and did not mention any prior psychological treatment. The medical records as a whole do not reflect that the patient has received any prior psychological treatment on an industrial basis however, this could not be determined definitively. Utilization review rationale for non-certification is based on the missing information on whether the patient has had a psychological evaluation or not. While this is a legitimate concern, the medical records which appear to be relatively complete from the time of her injury do not mention any psychological treatment that has been provided. She has received very extensive conventional and surgical medical interventions as well as physical therapy and occupational therapy. Taken as a whole, the medical records do a poor to reflect that the patient is having psychological sequelae as a result of her reported industrial injury at a clinically significant level, and that it appears that she is not been afforded prior psychological treatment. This request is supported by the MTUS guidelines and the request appears to be medically reasonable and appropriate. It is strongly recommended that the psychological evaluation contain a clear and concise statement regarding whether or not the patient has received any prior psychological treatment on an industrial basis for this industrial injury with detailed information regarding any treatment if any has been provided. Because medical necessity and reasonableness of the request is been established the utilization review determination is overturned.