MAXIMUS Federal Services

Case Number:	CM15-0041341		
Date Assigned:	03/11/2015	Date of Injury:	05/04/2014
Decision Date:	04/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/04/2015

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 25-year-old female, who sustained an industrial injury on 5/4/2014. She reported being attacked by a client and sustaining a concussion. The diagnoses have included cervical herniated nucleus pulposus (HNP) and temporomandibular joint pain. Treatment to date has included physical therapy, one session of yoga and medication. According to the progress report dated 1/14/2015, the injured worker complained of neck pain, shoulder pain, back pain and jaw pain. The neck pain was accompanied by neck and bilateral shoulder weakness. Exam of the neck revealed mild tenderness to palpation and limited range of motion. The treatment plan was for acupuncture for one month. The injured worker stated she was seeing a doctor for psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation and treatment as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101; see also psychological treatment 101-102 and 23-24. Decision based on Non-MTUS Citation ODG Mental Illness and stress chapter, Topic: Cognitive Behavioral therapy, psychotherapy guidelines March 2015 update.

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. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Decision: According to a September 2, 2014 primary treating physician comprehensive neurological evaluation with review of medical records and request for treatment, The patient reports being injured in June 2014 during her work as a behavioral specialist and group facilitator when she was attacked by an aggressive large male resident while she was facilitating the group who punched her 3 times in the head on both sides. She was transported to the [redacted] emergency room and reportedly was diagnosed with a concussion or mild traumatic brain injury. She reports being unable to drive or perform activities involving work and sleeps in bed and rests a lot unable to work out or go and engage in usual normal activities. When she tries to exercise, she reports feeling a "dull, throbbing, achy foggy pain sensation." She reports headaches, sensitivity to light, and pain in the neck and back. She reports anxiety and frustration and numbness and tingling of the left side of her body. She also reports difficulty "controlling her anxious breathing even while resting." A recommendation for psychological evaluation with a female clinician for depression and anxiety was made. This request is for "psychological evaluation and treatment." On the request itself, the quantity of treatment being requested was unspecified. Because the request for psychological treatment is unspecified in terms of quantity is considered to be an equivalent of an open ended and unlimited request. Medical necessity of an unlimited and open-ended request cannot be established. Current treatment guidelines for most patients recommended psychological worship treatment

consisting of 13 to 20 sessions maximum with an exception being made in cases of severe major depressive disorder/PTSD with proper documentation of patient benefit from treatment. In addition, this request combines 2 different treatment modalities into one request, which at the IMR level are considered in an all or none fashion, In other words the request for psychological evaluation cannot be considered separately from the request for unspecified psychological treatment. The request for a psychological evaluation does appear to be supported by the provided medical records. A psychological evaluation may be of benefit to this patient and also would clarify the nature of any requested treatment. For this reason, the medical necessity of psychological evaluation and treatment as an outpatient was not established and the UR decision is upheld.