

<b>Case Number:</b>	CM15-0048529		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 (IW) is a 51 year old male who sustained an industrial injury on 11/13/2011. He reported pain in the left upper extremity following a fall. The injured worker was diagnosed as having traumatic left upper extremity injury. Treatment to date has included surgeries of the elbow and hand, physical and occupational therapy, and medications for pain. According to the physician note of 02/04/2015, the injured worker complains of left hand pain and numbness and of having issues with delays and surgical denial which is causing "Depression due to pain and suffering". The treatment plan includes a pending surgery of the left hand. A Psychological consultation within MPN is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological consultation within MPN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**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 medical records that were provided for review, a psychological consultation was requested the reason for the request was stated that "patient is having issues with delays and surgery denial which is causing "depression do to pain and suffering." The request was non-certified by utilization review with the reason provided being "the submitted documentation does not reflect any psychological issues as a result of industrial injury and chronic pain. There is no documentation how current complaints of pain and significantly affect the claimant's daily function, social activities, and quality-of-life. Further there is no evidence that prior pharmacological management was attempted and failed to address psychological complaints (if present) towards the medical necessity of follow-up with psych. The MTUS guidelines do state that psychological assessment is a well accepted diagnostic procedure. The utilization review for non-certification is an accurate in that there is documentation, albeit very brief, that the patient is suffering from psychological distress as a result of his industrial injury. Furthermore the types of more detailed information noted in the UR denial come from a comprehensive evaluation and could not be expected to be part of a general primary medicine interaction. Furthermore there is no requirement that psychopharmacological interventions be attempted prior to receiving psychological treatment. Therefore, the request is medically necessary.