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| Case Number: | CM15-0049067 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 11/13/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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 69 year old male who sustained a work related injury on November 13, 2013, injuring his upper arm, wrist, hands and back after slipping and falling. He was diagnosed with a three distal ulnar fracture, left wrist sprain, shoulder sprain, cervical myositis, cervical neuritis and cervical spasm. Treatment included acupuncture sessions, physical therapy, muscle relaxants, anti-inflammatory drugs, pain medications and shock-wave treatments. Currently, in March 2015, the injured worker complained of anxiety, depression, persistent left forearm and wrist pain, left shoulder pain and neck pain. The treatment plan that was requested for authorization included a psychological evaluation. This resulted in a 38 page report with treatment recommendations and a comprehensive diagnosis for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation, per 02/06/15 order Qty: 1.00: Overturned

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 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. Decision: A request was made for a psychological evaluation, the request was non-certified by utilization review with the following rationale provided: "There is inadequate data to substantiate the need for psychological evaluation on an industrial basis for the industrial guidelines. The medical records or referrals indicating why psychological evaluation is requested to be submitted for reconsideration of the medical necessity of the request. The provider recommended psychological evaluation because the patient had been treated for an extended period of time, had shown no significant improvement, and was at risk for developing psychological problems." Utilization review requested subjective and objective findings which support the need for the request. According to the provided medical records, on March 5, 2015 during a requested medical legal report from the treating physician (psychologist), the patient reported symptoms of "depression with feelings of sadness, fatigue, apathy, sense of hopelessness, loss of pleasure in participating in usual activities, social avoidance, and sleep disturbance. He noted that he is not seen a psychologist or psychiatrist as a part of this work comp case." This information sufficiently establishes the medical necessity of the requested intervention. The MTUS guidelines for psychological evaluation state that it is a generally well accepted and well-established for diagnosis. Given that the medical necessity of the request is established and the utilization review determination for non-certification is overturned, it is assumed that the March 5, 2015 provided psychological evaluation is in fact the one that is under consideration for authorization. This comprehensive report is more than sufficient and an additional psychological report would be redundant and not medically necessary. Assuming that the March 5, 2015 report is in fact the report in question for this issue, then the medical necessity of the request is established and the utilization review determination for non-certification is overturned.