

Case Number:	CM15-0049681		
Date Assigned:	03/23/2015	Date of Injury:	09/03/2013
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
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 34 year old male who sustained an industrial injury on 9/3/13. The injured worker reported symptoms in the neck and left shoulder. The injured worker was diagnosed as having pain in joint of shoulder, rotator cuff syndrome of shoulder and allied disorders, and chronic pain syndrome. Treatments to date have included chiropractic therapy, exercise, transcutaneous electrical nerve stimulation, physical therapy, and functional restoration program and activity modification. Currently, the injured worker complains of pain in the neck with radiation to the left shoulder. The plan of care was for psychological evaluation and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Upheld

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. A request was made for a psychological evaluation the request was non-certified by utilization review with the following rationale provided: "a comprehensive psychological evaluation was done dated 11/28/14 as a part of functional restoration program evaluation. The patient also received an evaluation on January 26, 2015 and there is no need for a new psychological evaluation." According to a note from the requesting provider it is stated that a comprehensive psychological evaluation will "help us to establish the appropriate guidance in order to improve patient's coping ability, increase knowledge regarding the self-management of pain, determine appropriateness of further psychological treatment, conceptualizing a patient's pain beliefs and assessing psychological and cognitive function so that he will be more able to fully engage in gainful employment, his community, and family." The medical records that were provided were carefully reviewed and was found that on November 20-28, 2014 the patient received a multidisciplinary functional restoration evaluation. This evaluation resulted in detail history of the patient's injury and psychological/social functioning as well as a psychological diagnosis for the patient and treatment recommendations. This psychological evaluation included 10 separate assessment instruments that were measured and analyzed. Psychological evaluations are complex lengthy and expensive assessment tools and while they are generally well accepted and well-established diagnostic procedures, in this case the patient has recently received and completed such an evaluation. Another administration of a psychological comprehensive evaluation would be considered redundant and excessive and therefore the medical necessity of the request is not established. If additional treatment planning is needed it could be accomplished in a more efficient manner. Because the request is found to be redundant the medical necessity is not established and therefore the utilization review determination for non-certification is upheld.