

<b>Case Number:</b>	CM15-0080902		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 55 year old male, who sustained an industrial/work injury on 5/18/00. He reported initial complaints of back pain. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar arthrodesis, thoracic syrinx, and chronic opioid therapy. Treatment to date has included medication, surgery (microdiscectomy, anterior-posterior lumbar fusion, repeat fusion with bone graft, triple bypass, and neurotomy), lumbar steroid injections, psychological testing and follow up. Currently, the injured worker complains of chronic low back pain, left leg, and mid abdomen pain described as aching. Medication provided moderate relief. Pain restricted ability to perform activity of daily living and activity. Per the physician's pain management consultation on 2/26/15, examination revealed lumbar range of motion is approximately 50% of extension and 75% of flexion, tenderness over the paraspinal area bilaterally, normal gait, no focal neurological findings, normal deep tendon reflexes. Current plan of care included opioid taper. The requested treatments include psychological consultation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 psychological consultation and treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, see also psychological treatment Page(s): 100 -102; 23-24.

**Decision rationale:** Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 – 101. 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 psychological consultation in 6 sessions of treatment the request was known certified by utilization review. The request was made for psychological intervention to assist the patient in tapering from opiate pain medication. The utilization review rationale was stated as: "cognitive therapy for opiate dependence is currently under study and the addition of cognitive behavioral therapy to medical treatment for opiate dependence does not significantly enhance outcomes compared to medical treatment alone. Documentation provided did not reveal a history of depression, anxiety, or other untreated psychiatric disorders, as well as no addiction to other substances. Guidelines also note that that study shows many patients with opiate dependence can do without sophisticated psychosocial counseling." This IMR will address a request to overturn that decision. This request is for a psychological evaluation and 6 sessions of treatment. According to a qualified medical exam from October 23, 2013, the patient has not participated in psychological treatment with a psychologist mental health professional, psychiatrist or functional restoration program. There are symptoms of depression and anxiety that are present. At the time of this evaluation he was diagnosed with the following: Dysthymic Disorder; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Passive Personality Traits. As best as could be determined in the time interval subsequent from this evaluation there was no psychological treatment provided. Although, this could not be determined definitively. There is some contrary information that shows that in 2003 he had a psychiatric evaluation and was treated with Lexapro for depression but it's not clear how much treatment if any followed. All of the provided medical records were carefully reviewed, and it could not be determined whether or not the patient has received any psychological treatment between the period of October 2013 and the current request for this intervention. It is important to know whether or not the patient has received any psychological assessments or treatment in order to determine whether or not this request for psychological

intervention is appropriate and medically needed. The medical records that were submitted were not current and they primarily were dated from 2013 and prior. None of the submitted medical records for consideration were from 2014 or 2015. In addition, this request in a manner of speaking puts the cart before the horse because the evaluation needs to come prior to the request for psychological treatment. The IMR process is an all or none process so that the request for an evaluation and the request for treatment must be considered together. Although a psychological evaluation which details the patient's prior psychological treatment history may be indicated in this case to see if psychological care could assist the patient during detox process, the request for psychological treatment is premature in light of no current psychological evaluation. That said, if the patient has in fact not had any psychological treatment, especially from the time period of 2013 through 2015, then a psychological evaluation might be appropriate to see if the detoxification can be facilitated with psychological treatment. But in this case there was insufficient documentation to support this as mentioned above. The utilization review statement is incorrect because the medical record does contain sufficient documentation of psychological sequelae as a result of his industrial injury to support psychological treatment. But as already has been mentioned it is unknown whether or not psychological treatment has been provided already. For this reason the psychological consultation and treatment is not medically necessary and therefore the utilization review determination for non-certification is upheld.