

Case Number:	CM15-0082627		
Date Assigned:	05/05/2015	Date of Injury:	11/05/2013
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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 11/5/13. He reported a back injury. The injured worker was diagnosed as having lower back pain, lumbosacral/joint/ligament sprain/strain, upper and lower extremity pain and lumbar facet arthropathy. Treatment to date has included oral medications, TENS unit, home exercise program and activity restrictions. Currently, the injured worker complains of continued low back pain with radiation to right lower extremity with tingling. Physical exam noted tenderness to palpation over low back and antalgic gait. The treatment plan for the date of service 2/23/15 included continuation of home exercise program, TENS unit, oral medications, discontinuation of Fenoprofen, topical LidoPro and depression screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depression screening tool: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1058.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): (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 "depression screening tool" the request wasn't non-certified by utilization review of the following rationale provided: "the requested "depression screening" is not defined, and it is unknown what procedure is being requested-interview, psychometric test, psychological evaluation, or other procedure. I am not able to establish a basis that this assessment is both reasonable and necessary at this time." This IMR will address a request to overturn that decision. The medical records provided for consideration do not support the medical necessity of the requested procedure. The provided medical records were insufficient. There is no clearly stated rationale for the requested procedure. The request itself is not clearly defined in terms of which depression screening tool is being requested and how many administrations of the tool are being requested. Because the information provided is insufficient to establish medical necessity of the request, the utilization review determination for non-certification is upheld. This is not to say that the request procedure is not appropriate or needed for this patient, only that the medical records that were provided were insufficient to establish medical necessity. Therefore the request is not medically necessary.