

Case Number:	CM15-0085758		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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 44-year-old female, who sustained an industrial injury on January 9, 2015. The injured worker reported head, neck, back, arms, knee, eyes and stomach. The injured worker was diagnosed as having blurred vision, headache, cervical, thoracic, and lumbar pain, cervical and lumbar spasm, thoracic myospasm, cervical and lumbar strain/sprain and bilateral epicondylitis. An initial evaluation and report dated February 16, 2015 provides the injured worker complains of headache radiating to arms with tingling and rated 7/10. Further, she reports neck and back pain with stiffness and heaviness rated 7/10, elbow and right knee pain rated 7/10 and left knee pain rated 5/10. Physical exam notes cervical, thoracic and lumbar tenderness with painful range of motion (ROM) and lumbar spasm. The knees and elbows are tender on palpation with spasm and painful range of motion (ROM). There is a request for psychological evaluation.

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: The Claims Administrator did not cite any medical evidence for its decision.

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: "There is no baseline evaluation documented for review. There is no clinical examination documented."The medical necessity of the requested treatment was not substantiated by the provided medical records due to insufficient documentation. The entire medical records that were provided for consideration consisted of 30 pages. The vast majority of these pages related to urine toxicology information. There was only one document with clinical information provided in this document was noted to be a 7 page document of which at least one or 2 pages were missing. This documentation is noted to be an initial primary treating physician's report and evaluation from February 16, 2015. The pages that were provided for this evaluation to describe the patient's medical complaints but there is not a single mention of any psychological difficulty in it. Again as was mentioned already at least one or 2 pages were missing of the report. There is no rationale for the requested treatment provided anywhere in the provided medical records. Due to insufficient rationale provided regarding the request and no documentation provided whatsoever in the medical records the request for a psychological evaluation is not supported. This is not to say that the patient should, or should not have a psychological evaluation, only that there was no documentation provided to substantiate the medical necessity of the request. For this reason, the utilization review determination of non-certification is upheld.