

Case Number:	CM15-0089350		
Date Assigned:	05/13/2015	Date of Injury:	12/10/2014
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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 56 year old female, who sustained an industrial injury on December 10, 2014. She reported being in a motor vehicle accident with loss of consciousness followed by no memory of the incident and pain in her head, neck, and lower back. She was initially diagnosed with status post motor vehicle accident, concussion, scalp laceration, and old versus congenital cervical 1 ring fracture. The injured worker was currently diagnosed as having a pain disorder associated with both psychological factors and a general medical condition, adjustment disorder with mixed anxiety and depressed mood, and post-concussion syndrome. Diagnostic studies to date have included CT scan, x-rays, and psychological testing, including Personality Assessment inventory, Battery for Health Improvement 2, Pain Catastrophizing Scale, Beck Anxiety Inventory, and Beck Depression Inventory. Treatment to date has included psychotherapy and antidepressant medication. On April 28, 2015, the injured worker complains of decreased ringing in her ears and continued numbness and tingling in her hands, noise sensitivity, neck and back pain that is currently rated 6/10, irritability, and decreased interest in socially engaging with others. The treating physician noted motor activity within normal limits, a quivering voice, restricted affect, anxious mood, thought process within normal limits, some insight and judgment, and she cooperative and engaged. She had no suicidal or homicidal ideation with no plan of intent. Her work status was temporarily totally disabled on a psychological basis. The treatment plan includes an additional 6 sessions of psychotherapy in conjunction with 6 sessions of psychophysiological therapy, and the occasionally substitute a 60 minute psychotherapy

session for these combination sessions. The requested treatment is psychotherapy testing (60 minutes) x 6 sessions x 1 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy testing (60 minutes) x 6 sessions x 1 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index 13th Edition, Head- Neuropsychological testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation. See also psychological treatment 101-102 and 23-24 (CBT) Page(s): 100-103 and 23-24.

Decision rationale: Psych testing. 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 psychotherapy testing (60 Minutes) times 6 sessions one per month. The request was non-certified by utilization review. This IMR will address a request to overturn the decision. The request itself is unclear. The first part of the request is for "psychotherapy testing 60 Minutes." It is not clear what the rationale for the request is, nor are the exact tests requested specified. The utilization review determination for non-certification states that this is for neuropsych testing, however this is not indicated on the request for IMR. According to the provided medical records, the patient had a comprehensive psychological evaluation that occurred on February 25, 2015 and included a battery of psychological assessment tools. This comprehensive psychological report resulted in the following psychiatric diagnoses: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Adjustment Disorder with Mixed Anxiety and Depressed Mood; Post-concussive Syndrome. It is not clear how the requested "psychotherapy testing" would differ from what has already been provided in the 2/25/15. If this is for Neuropsychological testing it is not stated as such. Furthermore this request for psychological testing (60 Minutes) is combined with a 2nd request for 6 sessions one time per month; these requests are treated as one request at the IMR level. The 2nd request for 6 sessions is equally

unclear as to what is being asked as in the utilization review there is a mention of the request being changed to 4 sessions of biofeedback therapy. Because these 2 requests were not stated as distinct requests they are considered to be one request and if one is not approved the other one is thereby also not approved. In this case the first request for psychological testing is not approved as it is unclear what is being requested in terms of the specific tests and the rationale behind it. With regards to the 2nd request for 6 sessions of psychotherapy, as has already been mentioned the request cannot be approved because it is attached to the unclear requests for psychological testing. In addition, continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. In this case the total number of prior sessions that have already been provided is not clearly stated. Additional documentation of patient benefited from prior psychological treatments showing objectively measured indices of functional improvement (e.g., increased activities of daily living decreased reduction in work restriction if applicable, increased socialization and exercise, decreased reduction in medication or future medical care etc.) are needed. For these reasons the medical necessity of the requested treatments is not established and therefore the utilization review determination of non-certification is upheld.