

Case Number:	CM15-0235857		
Date Assigned:	12/11/2015	Date of Injury:	08/05/2013
Decision Date:	01/14/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/02/2015

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 52 year old female with an industrial injury dated 08-05-2013. A review of the medical records indicates that the injured worker is undergoing treatment for post traumatic peripheral neuropathy and complex regional pain syndrome (CRPS) of left upper extremity. According to the progress note dated 09-30-2015, the injured worker reported left wrist and forearm pain with tingling on the left radial wrist and forearm. Pain level was 6-7 out of 10 on a visual analog scale (VAS). The injured worker reported that she has not been able to use her hands and wrist significantly. She has not been able to sleep due to pain in the wrist. The injured worker also reported depression but denied suicidal thoughts. Objective findings (09-30-2015) revealed that the injured worker was tearful and emotional with musculoskeletal findings. Treatment has included diagnostic studies, prescribed medications, ice therapy, splint, and periodic follow up visits. The treatment plan included medication management, re-evaluation for surgical excision, psychological consultation, cognitive behavioral therapy, and activity modification. The utilization review dated 11-09-2015, non-certified the request for cognitive behavioral therapy evaluation x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy Evaluation x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Citation Summary: 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. In addition, 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 six sessions of "cognitive behavioral therapy evaluation x6" the request was non-certified by utilization review which provided the following rationale: "there was no documentation of depressive symptomology, Beck Depression Inventory, or Beck Anxiety Inventory to cooperate diagnosis of depression. A psychological evaluation was not provided for review." This IMR will address a request to overturn the utilization review decision. Decision: The medical necessity of this request was not established by the provided documentation for the following reason: The request itself is unclear in terms of what exactly is being requested. There is no description of what psychological evaluation x6 would consist of. There is no list of requested psychological testing assessment tools to be utilized. It is not clear why six psychological evaluations are needed if that is even what is being asked. Clarification from a primary care physician treatment plan October 7, 2015 states: "request consultation for psychological consultation and cognitive behavioral therapy CBT x6" it appears that the request for x6 applies to the cognitive behavioral therapy sessions and not x6 evaluations or consultation. If the patient has not received any prior psychological evaluations or psychological treatments and the request is clarified as noted above, the request might be appropriate. However, without clarification of what is being requested including a specific and clear rationale for the request as well as information regarding any prior psychological evaluations (date of prior exam(s), if any) the medical necessity of this request is not established. The request is not medically necessary.