MAXIMUS Federal Services

Case Number:	CM15-0237251		
Date Assigned:	12/14/2015	Date of Injury:	09/30/2010
Decision Date:	01/21/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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 9-30-10. The injured worker was diagnosed as having cervical discogenic disorder, cervicalgia, lumbar discogenic disorder, lumbago and shoulder region discomfort. On 10-6-15, the injured worker complains of constant pain in cervical spine aggravated by repetitive motions of neck, characterized as sharp with radiation into upper extremities and rated 8 out of 10; pain in low back characterized as sharp and radiating into lower extremities and rated 6 out of 10 and constant pain in bilateral shoulders characterized as throbbing and rated 7 out of 10. She also complains of difficulty sleeping. Physical exam performed on 10-6-15 revealed appropriate mood and affect, alert and oriented; palpable paravertebral muscle tenderness with spasm and limited cervical range of motion; palpable paravertebral muscle tenderness with spasm and limited and guarded lumbar range of motion and tenderness around the anterior glenohumeral region and subacromial space with limited range of motion and positive Hawkins and impingement signs. Treatment to date has included physical therapy, oral medications and activity modifications. On 10-13-14, the treatment plan included request for individual psychotherapy total of 6-8 sessions; this is the only documentation of psychotherapy requests and it is greater than one year old. On 11-5-15, request for face to face consultation with a psychologist and psych testing 6 units was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Face-to-face consultation with a psychologist (1.5 hours total): 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: Based on the review of the medical records, the injured worker completed a "Psychiatric Agreed Reevaluation" with [redacted] on 10/13/14. In the report, [redacted] noted that the injured worker's psychiatric symptoms had worsened since his initial evaluation with her. He recommended 6-8 follow-up psychotherapy sessions as well as psychotropic medications. It is unclear why this recommendation was not followed-up as the injured worker has not received any psychological treatment. In his January 2015 progress note, treating physician, [redacted], notes that they are waiting to hear back regarding psychological services. However, there is no other mention of psychological symptoms or need for psychological treatment in any subsequent progress notes. Considering that [redacted] re-evaluation report is over one year old and there is no current documentation of any psychiatric symptoms warranting or substantiating the need for a psychological evaluation/consultation, the request for a psychological consultation is not medically necessary. It is noted that the injured worker, without an authorization, subsequently completed a psychological consultation with [redacted] on 11/16/16.

Psychological testing, 6 units: 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: Based on the review of the medical records, the injured worker completed a "Psychiatric Agreed Reevaluation" with [redacted] on 10/13/14. In the report, [redacted] noted that the injured worker's psychiatric symptoms had worsened since his initial evaluation with her. He recommended 6-8 follow-up psychotherapy sessions as well as psychotropic medications. It is unclear why this recommendation was not followed-up as the injured worker has not received any psychological treatment. In his January 2015 progress note, treating physician, [redacted], notes that they are waiting to hear back regarding psychological services. However, there is no other mention of psychological symptoms or need for psychological treatment in any subsequent progress notes. Considering that [redacted] re-evaluation report is over one year old and there is no current documentation of any psychiatric symptoms warranting or substantiating the need for psychological testing, the request for a psychological testing is not medically necessary. It is noted that the injured worker subsequently completed, without an authorization, a psychological consultation with [redacted] on 11/16/16.