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| Case Number: | CM14-0137680 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 02/08/2010 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old male with a reported date of injury on 02/08/2010. The injury reportedly occurred when the injured worker twisted and lifted some boxes. His diagnoses were noted to include herniated nucleus pulposus to L4-5 and L5-S1, multilevel discogenic changes, left lower extremity radiculopathy/radiculitis, mid back pain likely as a result of disc pathology, and depression. His previous treatments were noted to include physical therapy, chiropractic treatment, activity modification, acupuncture, and medication. The progress note dated 03/10/2014 revealed complaints of significant back, left leg, and mid back pain. The provider indicated a standardized questions form about function, pain, and depression were filled out and that it was in the chart. The progress note dated 08/07/2014 revealed complaints of back pain, left leg pain and numbness, and worsened mid back pain. The physical examination revealed pain to palpation over the L4-5, L5-S1 area as well as the mid lumbar and the thoracic region. There were palpable paraspinal muscle spasms noted and the range of motion was limited secondary to pain. The motor strength to the left gastrocnemius was rated 4/5 and all other muscle groups were rated 5/5 proximally and distally. There was decreased sensation in the left S1 distribution. The deep tendon reflexes were noted to have an absent left ankle reflex and 2+ bilateral knee reflex and right ankle reflex. There was a positive left straight leg raise with pain that radiated into the lateral aspect of the left foot. The Request for Authorization form dated 08/07/2014 was for psychology treatment for continued significant depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychology / treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127, and on the Official Disability Guidelines (ODG), Mental Illness & Stress, Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation, Page(s): 100..

Decision rationale: The request for a referral to psychology/treatment is not medically necessary. The injured worker has answered questions and was diagnosed with depression. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations as well as establish diagnostic procedures not only with selected use in pain problems, but also 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 evaluation should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who were administered a standard battery of psychological assessment tests found that there is a psychological disability variable that is associated with those injured workers who are likely to develop chronic disability problems. Childhood abuse and other past traumatic events were also found to be predictors of chronic pain patients. The guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders, such as depression, anxiety, panic disorder, and post-traumatic stress disorder. Psychological treatment incorporates into pain treatment has been found to have a positive short term effect on pain interference and longterm effect on return to work. The "stepped care" approach to pain management that involves psychological intervention has been suggested to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and the training of pain care providers and how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with the psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines state if the pain is sustained in spite of continued therapy including psychological care that intensive care may be required for a mental health professions allowing for a multidisciplinary treatment approach. The depression assessment was not submitted within the medical records and there is a lack of documentation regarding psychological medications or previous treatments attempted. Additionally, the request specifies for psychology/treatment, however, not for evaluation. Therefore, the request is not medically necessary.