

Case Number:	CM14-0143559		
Date Assigned:	09/12/2014	Date of Injury:	12/04/2006
Decision Date:	10/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/04/2014

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 Board Certified in Psychiatry and is licensed to practice in California. 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 46 year old male with date of injury of 12/4/2006. The date of the UR decision was 9/3/2014. He suffered from industrial injury to lumbosacral spine causing back pain in mid and low back radiating to bilateral lower extremities with numbness and tingling. Psychotherapy Progress Reports dated 2/3/2014, 2/17/2014 were reviewed. He has been diagnosed with Depressive Disorder, Unspecified and Pain disorder associated with both psychological factors and general medical condition. Report dated 4/1/2014 listed diagnosis of Major Depressive Disorder, single episode, moderate; Anxiety Disorder Not Otherwise Specified; and Pain disorder. The documentation suggests that he has been prescribed Norco, Ativan and Colace. Report dated 7/23/2014 suggested that he presented to the appointment with two crutches and pain level was reported to be 8/10. He had been trying to lose weight prior to the surgery as recommended by the spine surgeon. Psychological review of systems was positive for depression, stress and anxiety. It was indicated that he had failed behavioral techniques for improving sleep and was prescribed Ativan 2 mg nightly as needed for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SUBSEQUENT PSYCHIATRIC TESTING 3 UNITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

Decision rationale: The ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for 3 units of Psychological testing is excessive and not medically necessary. Psychosocial evaluations should determine if further psychosocial interventions are indicated. See "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24)MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale - VAS. (Bruns, 2001) It is unclear as to which of these Psychological tests are requested per unit for 3 units. The request is not medically necessary at this time.