MAXIMUS Federal Services

Case Number:	CM14-0149617		
Date Assigned:	09/18/2014	Date of Injury:	05/24/2010
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

According to the records that were provided for this independent review, this 52-year-old female patient reported and industrial injury on May 24, 2010 during the course of his normal work employments for [redacted] gas company. Her job duties included working for collection department but has been given different assignments over the many years that she has worked there. The injury was reported as being a repetitive motion trauma associated with her work duties and resulted in persistent neck pain with radiation the bilateral upper extremities and radiating pain to her head. She reports constant neck pain radiating bilaterally to her arms and fingers and frontal headache that is described as sharp, stabbing and severe. She reports low back pain that is constant and radiates down her legs to the hip and thigh above-the-knee as also described as sharp, stabbing and severe.She is status post knee replacement and carpal tunnel syndrome surgeries. She is also status post right knee arthroscopic surgery. According to a report dated May 13, 2014 she is doing poorly with severe pain and market instability of her right knee and can only walk a few blocks before having to stop due to pain. She underwent a qualified medical evaluation on December 16, 2013 that indicates 4 different dates of continuous trauma injury with wide-ranging dates that go as far back as August 6, 1976. There is a note from March 8, 2011 stating that she has a history of reactive depression associated with anxiety and a nether note from October 2011 stating she has: Major Depressive Disorder, Single Episode, Moderate with Insomnia Type Sleep Disorder Due To Pain, and Psychological Factors Affecting Medical Condition. In June 2013 similar diagnosis was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Assessment (Retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluation, Page(s): 101-102..

Decision rationale: According to the California MTUS treatment guidelines for psychological evaluations they are considered to be a recommended procedure. The guidelines state that 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 evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related and that they should determine if further psychosocial interventions are indicated. Although based on the statement psychological evaluations are often a good and useful, in this case the medical necessity of this procedure was not established. Over 250 pages of medical notes were reviewed and it appears that the patient has a very extensive and lengthy medical history of which only a part was described in the notes that I received. It does appear that she has had prior psychological evaluations and possibly treatments as well in 2011. She has already received psychological diagnoses on several occasions. A copy of the utilization review rationale for non-certification was found. It is clear that the patient continues to have extensive physical pain and as a result is suffering from psychological sequelae. However, without clear statement with respect to her prior psychological treatments that she has already had and without a clear statement about the reason for this the request at this time the medical necessity has not been adequately established to authorize it. What would be needed is a detailed statement with regards to whether or not she's had prior psychological evaluations and what they found in the dates in which they occurred as well as an outline of prior psychological treatments at the patient is had. Without this information medical necessity is not established.