

<b>Case Number:</b>	CM14-0080736		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Health Psychology and pain management 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 records that were provided for this independent review reflect a patient who is a 44 year old male who reported an industrial/occupational work-related injury on June 10, 2004. The injury reportedly occurred while the patient was loading cleaning equipment into a van he experienced a sharp pain in his low back. After conventional treatments fail to provide significant relief he underwent disc replacement surgery in December 2005 which was reportedly unsuccessful. Psychologically, he is been diagnosed with psychological factors affecting medical condition (chronic pain), moderate related to work injury; major depressive disorder, recurrent episode, with anxious distress, moderate-to-severe, partially industrial; cannabis use disorder, moderate to severe. He has participated in pain management and psychiatric treatment programs as well as receiving continued conventional medical treatments. The patient has had psychological reports done on November 7, 2012 and a presurgical report was completed November 5, 2013 and again in February 2014. A request for one psychological consultation for depression and anxiety was made, and denied. This independent review will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology Consult for depression and anxiety:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part two, Behavioral interventions, psychological evaluation Page(s): 100.

**Decision rationale:** The utilization review rationale for non-certification was that the patient is currently attending psychotherapy and is in the process of finding medications to help with the depression and anxiety due to his chronic pain and that he had a recent psychological evaluation completed in February of 2014. The chronic pain medical treatment guidelines MTUS state that psychological evaluations are recommended, and that they are generally accepted, well established diagnostic procedures. After reviewing this patient's medical chart it is clear that he remains and psychological distress, however the patient has already had considerable psychological evaluations conducted there and comprehensive thorough and have adequately addressed his psychological needs for diagnosis and treatment. There does not appear to be any clear documented statement of why this patient might need an additional psychological evaluation. It is possible that the request for psychological consultation does not mean a psychological evaluation but instead psychological treatment. If this is the case, the request should be made more clearly, specifically it should state psychological treatment is being requested rather than consultation, and it must include: 1) the total number of prior sessions that the patient has had to date, 2) a specific number of sessions of treatment 3) the patient's response in terms of objective functional improvement to prior treatment sessions in significant detail. Because this information was not provided I have to assume the request was indeed for a psychological evaluation which would be redundant at this time. Therefore the request to overturn the non-certification of one psychological consultation for depression and anxiety is not approved. This is not to say that the patient does not need psychological intervention only that the procedure as it was requested was not supported by the documentation provided. The request is not medically necessary and appropriate.