

Case Number:	CM15-0112154		
Date Assigned:	06/18/2015	Date of Injury:	05/05/2014
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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 33 year old male who sustained an industrial injury on 05/05/2014. Mechanism of injury occurred when he was bending over and pulled a muscle in his lower back while at work. Diagnoses include lumbar sprain and strain, radiculitis and cervicalgia. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 05/1/2015 documents the injured worker in currently manifesting signs of psychological distress. His symptoms include anxiety, sadness, difficulty sleeping and anger. On 03/28/2015 the injured worker complains of low back pain which he rates as a 6 on the Visual Analog Scale, and neck pain and right thigh pain to his knee. He has discrete trigger points to the lumbar region and there is diminished sensation to light touch to the anterior right thigh. Kemp's sign is positive on the right, and lumbar range of motion is restricted. Treatment requested is for psychological testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: According to the MTUS 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 evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. A request was made for psychological testing; the request was non-certified by utilization review the following provided rationale: "although we consultation to determine if a psychological problem exists is appropriate at this time, a full formal mental status examination must be presented with proposed treatment plan before the appropriateness of ongoing psychological testing/treatment or psychiatric treatment can be determined. The patient should receive the consultation before further testing is sought." This IMR will address a request to overturn the utilization review non-certification determination. The medical necessity of the requested procedure is not established by the provided documentation. There was no clear statement of the rationale for this request provided in the medical records. In June 2015 a psychological evaluation report was requested and was certified. A copy of the psychological report was not provided for consideration among the documentation for this review. It is not clear why psychological testing is needed in addition to a psychological evaluation which typically consists of a considerable quantity of psychological testing. Without further documentation explaining the rationale for this request, this request appears to be redundant with the already authorized psychological evaluation/consultation. Because the medical necessity of this request was not established due to insufficient documentation, utilization review determination is upheld. The request is not medically necessary.