

<b>Case Number:</b>	CM15-0116539		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 32 year old female who sustained an industrial injury on 12/01/2011. Mechanism of injury occurred when she was moving a heavy table and felt a sudden pull in her mid-back and felt immediate pain and numbness. Diagnoses include cervical strain/sprain and myofascial pain with radiculitis, thoracic strain/sprain and myofascial pain, and lumbar sprain/strain. Treatment to date has included diagnostic studies, acupuncture, and chiropractic sessions. A physician progress note dated 05/08/2015 documents the injured worker has continued pain about her neck and back with radiation down the right upper and lower extremities. She rates her pain as 6-8 out of 10 on the Visual Analog Scale and she continues with sleep disruption due to the pain. She has mild paracervical spasm and myofascial tenderness. Spurling's maneuver remains positive on the right with positive facet loading maneuvers. Treatment requested is for psych evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Citation Summary: 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. Decision: A request was made for a psych evaluation, the request was non-certified by utilization review. The utilization review rationale for its decision was not found among the documentation provided for consideration. This IMR will address a request to overturn the utilization review decision. According to a panel QME report from January 13, 2015, it is noted that the patient has received 6 chiropractic visits with no some encouraging response. It was also noted that the patient according to her Beck Depression Inventory has moderate depression and fear avoidance behavior score indicated that she is "high risk for chronic pain." Furthermore, it is noted that she has received considerable conservative treatment but remains very symptomatic with frequent constant pain and limited activities of daily living. The request for a psych evaluation was made by the patient's primary treating physician in order to consider alternative treatment strategies for this patient. She appears to meet the MTUS criteria for a psychological evaluation. There was no evidence in the medical records that she has already received a psychological evaluation or treatment. At this juncture the request is medically necessary, reasonable/appropriate and therefore the utilization review determination for non-certification is overturned.