MAXIMUS Federal Services

Case Number:	CM15-0121504		
Date Assigned:	07/02/2015	Date of Injury:	11/29/1999
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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 71 year old male, who sustained an industrial injury on 11/29/99. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral thumb basal osteoarthritis; lumbar spine musculoligamentous/vacuum phenomenon L5-S1; anterior osteophytes/moderate to severe lower lumbar spine facet arthrosis; bilateral knee patellofemoral arthralgia. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/6/15 are hand written and are difficult to decipher. The notes indicated the injured worker complains of lumbar spine pain that radiates to the right lower extremity. He reports that medications help manage his pain; pain levels range from 6- 8/10. He has associated numbness, weakness, aching and soreness. Objective findings note a decrease sensation of the right leg, deep tendon reflex 2+, and he has a slow gait. There is tenderness to palpation bilateral paraspinals with spasm; positive straight leg raise; positive Kemp's and positive pain heel/toe walk; range of motion: flexion 27, extension 10, bilateral bending 10. Bilateral knee notes tenderness to palpation. Lumbar spinal decompression L3-4 and L4-5 surgery has been denied due to lack of psych clearance and pain generators not isolated to specific levels for decompression. The provider's treatment plan included request for authorization of a psych consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 a "Psych Consultation" the request was non-certified by utilization review following provided rationale for its decision: In this case the request of psychological consultation would not appear warranted for this patient at this time. As [redacted]. [redacted] noted, the prior request for one L3-L4 and L4-L5 the pression was non-certified by [redacted]. [redacted] in review for 58192 on the basis that all pain generators had not been isolated and psychological testing had not been performed. The official disability guidelines suggest psychological screening prior to the duration of lumbar decompression. The provider requested psychological "clearance" for anticipated surgery. However, the patient did not meet the criteria for surgical intervention. Therefore, the requested consultation would not appear medically necessary at this time. This IMR will address a request to overturn the utilization review decision for non-certification. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. According to the provided medical records the patient is currently being considered for decompression lumbar spinal surgery (L3-4 and L 4-5). The surgery apparently was not approved due to lack of psych clearance and isolating other pain generators. If in fact it is clear that the patient is not going to be having the surgery then the site consultation would be unnecessary, however it was not clear from the provided medical records that this is the case in fact it appears that the physician is recommending the surgery to proceed as requested and the issue of a lack of a psych clearance appears to be a hindrance to this moving forward. Because one of the factors in declining to approve the surgery has been the need for psych clearance/consultation, the appropriateness of having a psych consultation appears to be reasonable and appropriate and is medically necessary.