

Case Number:	CM15-0129218		
Date Assigned:	07/15/2015	Date of Injury:	09/20/2013
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This 54 year old male sustained an industrial injury on 9/20/13. The injured worker was receiving ongoing care for posttraumatic stress disorder, depression and anxiety. In a psychiatric follow-up dated 5/5/15, the physician noted that the injured worker had become reclusive due to concerns about violence in his neighborhood and potential for violence against family and friends. The injured worker's sleep remained disturbed. The injured worker had stopped exercising because he felt it was not safe for him to walk on the streets. The physician noted that the injured worker's affect was constricted but he had reactive smiling, mostly apprehensive with thought content characterized by themes of pessimism. Current diagnoses included post traumatic stress disorder, depression, hypertension and loss of employment. The treatment plan included six sessions of cognitive behavioral therapy and continuing medications (Venlafaxine, Amitriptyline and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluation; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 100-101.

Decision rationale: Behavioral Interventions, Psychological Evaluation, Pages 100 – 101.

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 psychological consultation, the request was non-certified by utilization review with the following provided rationale: "in this case the submitted documentation reflects that the claimant was authorized for 6 sessions of cognitive behavioral therapy on may 29 2015; however, the submitted documentation does not reflect whether the claimant has or has not attended all of the authorized cognitive behavioral therapy sessions and the objective evidence of functional benefit obtained from it was not readily apparent. Next, it would be appropriate to note the response from the authorized cognitive behavioral therapy sessions before to littering requested consultation to be medically necessary." This IMR will address a request to overturn the utilization review decision. According to a psychiatric follow-up report from June 16, 2015 psychotherapy visits have been denied to the patient. According to an award from April 15, 2015 the patient is in need of continued medical care for Psyche, left elbow and left hand. He reports ongoing symptoms of difficulty relaxing, daily anxiety and nervousness, fear of impending doom, irritability, low mood and diminished interest etc. He's been diagnosed with the following: Posttraumatic Stress Disorder; Depressive Disorder Not Otherwise Specified. All the provided medical records were carefully considered and reviewed for this IMR. The provided medical records did contain adequate treatment progress notes regarding the patient's psychiatric treatment. Four or five psychiatric treatment progress notes were found and reflected the patient's current psychiatric status as well as mentioning his ongoing psychological treatment. However, there were no psychological treatment progress reports provided for this review. There's no information regarding how much prior psychological treatment the patient has received and what if any positive outcome has been derived from it. In the absence of any psychological treatment progress notes, and several indications that he has been actively participating in psychological treatment, the medical necessity of this request could not be established. All requests for psychological treatment must contain supporting documentation regarding the patient's prior participation in psychological treatment, if any has occurred. In addition, in this case it is not entirely clear what is being requested if this is for a psychological comprehensive consultation (i.e. an evaluation), or for psychological treatment. Because there was no quantity of sessions being requested it is assumed that this is for a psychological evaluation. The patient has already started psychological treatment, typically psychological evaluation is conducted prior to the start of psychological treatment. Is not clear whether or not

the patient has already received a psychological evaluation and if so when did it occur. In general there is inadequate and insufficient documentation provided in order to substantiate this review, or at least a letter of explanation with regards to what is being requested and a summary of what has transpired. It is possible that the patient is eligible for additional psychological interventions. But because medical necessity could not be established the utilization determination is not medically necessary.