

<b>Case Number:</b>	CM15-0146674		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 60 year old female with an industrial injury date of 01-13-2015. Medical record review indicates she is being treated for lumbosacral strain. The progress note dated 06-10-2015 indicates the injured worker is "getting a little bit more active in terms of her home exercise program performing the home exercises that we discussed including Williams' exercise and knee rotation 3 times a day." The treating physician noted the injured worker also tried to walk in her yard for about 10-15 minutes at a time. Work status (06-10-2015) is documented as: "The patient has been placed on modified duty, but they have not offered her a modified duty yet." In the treatment note dated 02-06-2015 the injured worker complained of feeling very sad and being very moody. She asked to see a psychologist to help her to deal with the injury and the pain. Physical exam (06-10-2015) noted the injured worker had a very stilted and slow gait. There was no tenderness of the paralumbar musculature and no tenderness over the sacrum or sacroiliac joint. Medications included Norco, Pepcid, Flexeril and Ambien. Prior treatment included physical therapy and medications. On 06-23-2015 the request for consultation with a psychologist related to lumbar spine injury was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychologist related to the lumbar spine injury, outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** Part Two: Behavioral Interventions, Psychological Evaluation, pages 100 - 101  
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 is 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 consultation with the psychologist related to Lumbar Spine injury as an outpatient, the request was non-certified by utilization review which provided the following rationale for its decision: "The attached medical record indicates a previous diagnosis of a mood disorder of March 9, 2015 but without any other mentioned elsewhere. There are no documented complaints of any psychological issues to include any related chronic pain. Considering this lack of information and documentation request for consultation with a psychologist is not medically necessary." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully reviewed for this IMR. The MTUS guidelines do support the requested medical intervention. 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. The requesting physician did not specifically mention a rationale for the requested intervention. Interventions for psychological treatment should contain a specifically stated rationale for the request. In addition, a physician progress note from February 2015 indicates normal mood and affect. However, there are several requests for psychological intervention that are non-specific with the reason why it is being requested. The requests are found on several treatment progress notes. In general, and taken as a whole, there is a lack of support for this request. However the one time with the exception will be made to allow for it for the following reasons: the patient is experiencing delayed recovery following trials of physical therapy, and because the requesting physician does appear to be repeatedly requesting this intervention and the error of omission of detailing the precise reason, while typically medically necessary for establishing the basis for the request, can be reasonably overlooked this one time in order to provide the patient for a psychological consultation that may be of benefit to her given the reported delayed physical recovery in conjunction with reported limitations on ability to returned to work. Therefore, the request appears to be medically reasonable and utilization review determination is overturned.