

Case Number:	CM15-0170941		
Date Assigned:	09/11/2015	Date of Injury:	10/08/2012
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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 56 year old female who sustained an industrial injury on 10-8-12. The injured worker reported back and bilateral leg pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar discopathy with radiculopathy at the L4-L5 level with degenerative spondylolisthesis at that level and depression with increased severity. Medical records did not indicate a pain rating. Provider documentation dated 6-9-15 noted the work status as temporary totally disabled. Treatment has included a spinal Q orthosis, facet block at L4-L5, Indocin, Prilosec, Gabapentin, and Tramadol. Subjective complaints dated 8-4-15 were notable for "becoming increasingly depressed and has a very blunted affect". The original utilization review (8-17-15) partially approved a request for a Psychologist evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Psychological evaluations.

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

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. Decision: A request was made for psychologist evaluation and treatment, the request was modified by utilization review to allow for psychological evaluation only. The following was the rationale provided by utilization review: "a psychological evaluation would be recommended for the patient to appropriately diagnose the patient and determine if psychological treatment is necessary. However, the determination for treatment would be based on medical necessity after proper evaluation." This IMR will address a request to overturn the utilization review modified decision for psychological evaluation only and authorize psychological evaluation and treatment. The medical necessity of the requested treatment was not established by the provided documentation. There are several problems with this request. First, the request for psychological evaluation of treatment does not specify the quantity of sessions of treatment being requested. Requests for psychological treatment at the IMR level must contain the exact quantity of sessions being requested otherwise it is considered to be an open-ended and unlimited request for which the medical necessity would not be established. The request for a psychological evaluation is appropriate request at this juncture. Psychological evaluation provides a baseline for the requested treatment to determine whether or not it is necessary and if so provided a comprehensive treatment plan for the requested treatment. It is also necessary to have psychological evaluation in the absence of a clear psychological diagnosis. The patient was noted by the primary treating physician to have depression with increasing severity. This would suggest psychological treatment may be appropriate subsequent to the completion of the psychological evaluation. While the request for psychological evaluation is appropriate at this juncture, the request for treatment would be contingent upon the outcome of the psychological evaluation. This reason the medical necessity the request is not established and utilization review decision is upheld, therefore is not medically necessary.