

<b>Case Number:</b>	CM15-0178815		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 66-year-old male, who sustained an industrial injury on 3-05-2001. The injured worker was diagnosed as having lumbago. Past medical history included diabetes, high blood pressure, and arthritis. Treatment to date has included diagnostics, physical therapy, massage therapy, epidural steroid injections, and medications. Currently (6-10-2015), the injured worker complains of diffuse back pain with radiation down the posterior aspect of both legs to feet and bilateral knee pain. He also reported left sided neck pain, shoulder, arm, and hand pain, documented as "not WC related". Pain was rated 8 out of 10 and unchanged since last visit. A review of symptoms was negative for depressive symptoms and sleep was "better with current medication" and he denied the use of recreational drugs. Urine toxicology was positive for THC, noting that results were discussed. His mood was "normal". He was not working "due to current medical problems" and had not worked since 2001. Brief Battery for Health Improvement 2 testing results were not documented. Medications included non-steroidal anti-inflammatory drugs, muscle relaxants, membrane stabilizers, and narcotics. The treatment plan included a psych evaluation, rationale not documented, non-certified by Utilization Review on 8-13-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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. A request was made for a "psych evaluation", the request was non-certified by utilization review which provided the following rationale for its decision: "In this case, however, documentation does not identify the patient is having any psychological overlay and there is no examination findings as to why this evaluations being requested." This IMR will address a request to overturn the utilization review decision. The provided medical records were insufficient and do not support the medical necessity of this request. The provided medical records consisted of approximately 37 pages. The provided medical records did not contain a clearly stated rationale explaining why this requested treatment is necessary. The provided medical records do not contain any indication of psychiatric or psychological symptomology that would necessitate evaluation. No information was provided with regards to prior psychological evaluations that the patient has received, if any. It is not even clear what is being requested as the request for "psych evaluation" could apply to either a Psychiatric evaluation for a Psychological evaluation. For these reasons the medical necessity the request is not established. This is not to say that the patient does, or does not, need a mental health evaluation only that this request did not establish the medical necessity of such an intervention. Therefore, the utilization review determination is not medically necessary.