

Case Number:	CM15-0179165		
Date Assigned:	09/21/2015	Date of Injury:	03/26/2001
Decision Date:	10/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	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 (IW) is a 77 year old female who sustained an industrial injury on 03-26-2001. Medical records starting 03-30-2015 through 08-18-2015 are reviewed. They indicate the worker has been treated for Pain in limb, Osteoarthritis not otherwise specified, unspecified site, Cervical Radiculopathy, and Lumbosacral Radiculopathy, Shoulder Impingement, Wrist tendonitis-bursitis, Elbow tendonitis-bursitis, Hip tendonitis-bursitis, and Knee tendonitis-bursitis. According to provider notes, treatment to date has included medications for pain, antidepressants, and Cymbalta. In the provider notes of 02-23-2015, the worker is noted to be "under the care of a knee specialist who is planning total knee arthroplasty. We have received the authorization for psychiatry consult." Later on 03-30-2015, the worker is noted to be having difficulty with bilateral knee pain, presents with an antalgic gait, and uses a cane and walker to ambulate. She has multiple orthopedic complaints, many of which are described as painful and limiting her mobility. The psychiatric evaluation appointment is still pending. 04-27-2015, the worker has been authorized for a weight loss program. Requests for authorization have previously been made for durable medical equipment such as grab bars, a scooter battery, and raised toilet seat. In June, (06-22-2015), the worker has transitioned to a new residence which has created new issues with items such as rails and stairs. She complains of increased pain in the left wrist and hand. An authorization extension for the psychiatric evaluation is requested. In July (07-20-2015) a follow up report is requesting the durable medical equipment of grab bars, a new scooter battery, a raised toilet seat, and a stair lift rail. Medication refills were also requested for pain medications and Cymbalta. In August (08-17-2015) the worker is seen "still

complaining of pain". The provider is still awaiting approval for the worker to be seen by a psychiatrist. She is prescribed antidepressants and provided with Cymbalta. The worker is deteriorating as far as function. Physical therapy of the neck, the lower back, and both lower extremities is requested to deal with increasing her function and reducing the need for medications. Medically, the worker has volatile hypertension and cannot take anti-inflammatory medications. It is noted that "It is unlikely that the patient will return back to the workforce." A request for authorization was submitted 08/18/2015 with a diagnosis is " TBD "for Psych testing and initial evaluation with psychiatrist. A utilization review decision 09-02-2015 authorized the Initial evaluation with psychiatrist and non-approved the Psych testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing: Upheld

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, Behavioral interventions.

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 psychological testing, the request was submitted in conjunction with a 2nd request for consultation with a psychiatrist; the request for psychological testing was not certified by utilization review, but the request for consultation with psychiatry was. No specific rationale was given for the reason why utilization review did not approved the request for psych testing. The medical necessity for the request for psychological testing is not established by the provided documentation. The patient was reportedly injured on March 26, 2001. In order to substantiate the rationale for this request additional information would be needed to be provided regarding prior psychological treatment and prior psychological evaluations if any have occurred. In addition the recently authorized psychiatric consultation should be completed and recommendations regarding the need for psychological testing would be further supported, or not, based on the findings of that consultation. In the absence of further

information regarding previous psychological testing and treatment and the outcome of the psychiatric consultation, the medical necessity of this request is not established. This is not to say that psychological testing is not appropriate for this patient, only that additional information is needed to support the request is being medically appropriate. For this reason, the request is not medically necessary.