MAXIMUS Federal Services

Case Number:	CM15-0027625		
Date Assigned:	02/20/2015	Date of Injury:	05/19/2014
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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 42 year old male with an industrial injury dated 05/19/2014. The mechanism of injury is documented as a steel flat bar weighing about 40-50 pounds being dropped on the back of his head when the co-worker lost his grip. He was wearing a helmet. He experienced discomfort in his neck, headache, dizziness and a sharp throbbing pain in his neck. On 12/11/2014 he presented for follow up. Physical exam revealed restricted range of motion in the cervical spine. Finger to nose coordination was normal. Brainstem auditory evoked response and electroencephalogram were performed on 12/11/2014 and interpreted as normal. There was no evidence of seizure. Diagnoses included: Post traumatic headaches and feelings of impending syncope, Chronic cervical musculo-ligamentous sprain and strain injury, Sleep disorder, probably secondary to chronic pain, Adjustment disorder with anxiety and depression. Prior treatment includes diagnostics, topical creams, TENS unit, physical therapy, chiropractic treatment, injection to his neck and acupuncture. On 01/23/2015 the request for one psychosocial evaluation was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychosocial Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluation Page(s): 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. According to the utilization review determination for non-certification the following rationale was provided: "the MTUS guidelines state that a psychological consultation be considered if there is evidence of depression, anxiety, or irritability. Based on clinical information submitted for review, the patient was noted to have reported pain in the neck and headaches rated at an 8/10. However, there was no documentation stating that the patient had signs and symptoms of depression, anxiety, or irritability to support the request for a psychosocial evaluation."This interpretation of the MTUS guidelines is incorrect and the citation refers to the incorrect procedure. As is stated in the above guidelines, psychological evaluations are generally well accepted and well-established diagnostic procedures. There is no requirement as the utilization review determination states that the patient must have anxiety depression or irritability. Still, the medical records that were provided do reflect significant patient psychological symptomology that warrants psychological evaluation. For example, on a physician progress note from January 23, 2015 under psychiatric systems the "patient reports nervousness, anxiety, and depression." Therefore the request is determined to be medically appropriate and necessary and the request to overturn the utilization review is approved.