

Case Number:	CM15-0045321		
Date Assigned:	03/17/2015	Date of Injury:	07/19/2008
Decision Date:	05/26/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 female, who sustained an industrial injury on 7/19/2008. Diagnoses include pain in thoracic spine, lumbar disc displacement and disc herniation, cervical. Treatment to date has included surgical intervention (L5-S1 right hemilaminectomy/discectomy, 2010 and C6-7 anterior cervical discectomy and fusion, 2010) injections, diagnostics, swimming, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 1/27/2015 and 2/18/2015, the injured worker reported low back pain and continued right leg symptoms. Physical examination revealed Jamar testing of the right hand 2/2/4, left hand 8/8/4. Urine toxicology screen was consistent with her drug regimen. She continues to have limitation in her right hip and weight bearing on her right leg continues to be difficult. Weakness is noted in the right EHL, tibialis anterior, gastrocnemius and quads. The plan of care included, and authorization was requested for, psychological evaluation for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation, Low Back Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

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 psychological evaluation was requested, the request was non-certified by utilization review with the following provided rationale: "no psychological diagnosis is reported. In the notes of office visit to physicians, and in the notes of operative procedure, no psychological symptoms are reported. No recommendations were reported that resulted from the psychological evaluations accompanying surgical procedures. The mental status sections of reports are WNL. There was no clinical reason given at all for psychological evaluation." All of the provided medical records for this IMR were carefully reviewed, there was a paucity of information regarding her current psychological status and prior psychological treatments. There is a notation that she has been prescribed and appears to be taking the antidepressant medication Wellbutrin. There is also a note from March 20, 2014 that states "she has worked with the psychologist 3 times since the recent surgery they discuss how to deal with this new problems with the right leg." The provided medical records do not establish the current requested treatment for one psychological evaluation to be medically necessary. There is a brief notation in the medical records indicating prior psychological treatment, however there was no additional information regarding this treatment provided. Presumably, if prior psychological treatment has been authorized on an industrial related basis there might be prior psychological evaluations that have already been conducted. However, this could not be established definitively one way or the other due to insufficient documentation. There was insufficient documentation provided for this review to support the request to overturn the utilization review decision. There is missing information regarding all of the following: rationale for the request, patient current psychological symptoms, patient prior psychological treatment history including dates of prior psychological evaluations, if any. Because of the insufficient information, the medical necessity could not be established of the request and therefore the utilization review determination is upheld. This does not mean that the patient is not a candidate for psychological evaluation only that there was insufficient information submitted for this review to establish the medical need for the requested procedure. The request is not medically necessary.