

Case Number:	CM15-0075452		
Date Assigned:	04/27/2015	Date of Injury:	01/07/2006
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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 54 year old female, who sustained an industrial injury on 1/7/06. The injured worker has complaints of chronic low back pain due to degenerative spondylosis of the lumbar spine and chronic myofascial pain. The diagnoses have included chronic low back pain, degenerative lumbar spondylosis; chronic low back pain, myofascial pain syndrome; pain disorder with psychological/general medical condition; insomnia, persistent due to chronic pain and chronic neck pain, degenerative cervical spondylosis. Treatment to date has included norco; lorazepam; ibuprofen and lidoderm patches; status post left shoulder arthroscopic rotator cuff repair with subacromial decompression and physical therapy. The request was for one behavioral medicine consultant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Behavioral Medicine Consultant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, 397-398. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress.

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

Decision rationale: Clinical Summary: 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 a bio behavioral medicine consultant, the request was non-certified by utilization review with the following provided rationale: "the patient appears to have complaints of insomnia and chronic myofascial pain syndrome. The records do not reflect persistent symptoms that are not consistent with clinical findings. There appears to be some improvement with medication as well as shoulder surgery. There does not appear to be psychological comorbidities requiring evaluation." This IMR will address a request to overturn that decision. According to a treatment progress note from the patient's primary treating physician from July 25, 2014 the patient has, along with her multiple medical diagnoses, a diagnosis of Pain Disorder with Psychological/General Medical Condition. A request was made for a "bio- behavioral medicine consultation for evaluation/treatment of affective/emotional pain component." The same treatment progress note indicates that "although the patient does not fulfill the criteria for major depression she does have a significant effective or emotional pain component that contributes to for chronic disabling pain syndrome and requires evaluation/ treatment." The patient has a long history of delayed recovery from physical industrial-related injury despite surgery and multiple conventional physical medicine interventions. It is unknown whether or not this patient has received psychological treatment on and industrial basis for this injury. It is noted in August 3, 2010 qualified medical reevaluation report that "there is also some depression, "I am in and out of it." Depressive symptoms have decreased significantly since she has been able to go back to work. She has been under the care of [REDACTED], a psychologist in Martinez California." No further information regarding this treatment regards to the duration/ outcome or whether or not this treatment is being provided on an industrial basis was available. There is a notation in the same report of recommendations for psychiatric treatment in 2009 but it is unknown whether or not this contained any psychotherapy or if it was even completed. There is a psychological comprehensive evaluation from November 16, 2011 that included a psycho-metric assessment, It is unknown if this evaluation was part of a bigger treatment program or not. There is no information in the chart whatsoever regarding the patient having received psycho-logical treatment. In contrast to the utilization review finding, there is sufficient documentation of medical necessity for the requested procedure based on her current psychological status. However, the request cannot be approved because there is insufficient information regarding her prior psychological treatment history. It is not known whether or not the patient has received psychological care in the past 9 years since her date of injury and if so how much, when it occurred and what was the outcome in terms of objective and measured functional improvement. Without this information the request for overturning the utilization review determination for non-certification is not supported. Because the medical

necessity the request could not be established, the request is not medically necessary.