

Case Number:	CM15-0092155		
Date Assigned:	05/18/2015	Date of Injury:	10/12/2011
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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 44 year old male, who sustained an industrial injury on 10/12/2011. According to a progress report dated 04/22/2015, the injured worker was seen for neck pain, lower backache, right shoulder pain and right wrist pain. Pain level remained unchanged since the last visit. Pain was rated 4.5 on a scale of 1-10 with medications and 7 without medications. He did not report any change in location of pain and there were no new problems or side-effects. Quality of sleep was fair. He was not trying any other therapies for pain relief. He worked/ volunteered for a few hours every day and could be active at least five hours a day. Activity level had remained the same. Medications were working well. Lidoderm patches alleviated pain to the wrist when applied. Current medications included Omeprazole, Naproxen and Lidoderm patch. Treatment to date has included medications, electrodiagnostic testing, MRI of the right shoulder, physical therapy for the right wrist/hand, MRI of the cervical spine, X-ray of the right wrist, MRI of the lumbar spine, trigger point injection and epidural steroid injections. Medications tried and failed included Gabapentin. Diagnoses included lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain and wrist pain. The injured worker continued to experience pain to his low back. He reported decreased radicular pain in bilateral lower extremities. He was status post lumbar epidural steroid injection on 04/2015 with greater than 70% relief since procedure. He also complained of persistent increased neck pain with radiating pain to the bilateral shoulder. Past cervical epidural steroid injection C7-T1 on 06/2013 provided moderate pain relief for several weeks to his neck and bilateral upper extremities. The provider recommended referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training.

The provider noted that the injured worker's delayed recovery from chronic pain and limited pain coping skills warranted a psychological evaluation. Currently under review is the request for referral to pain management psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 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. Decision: A request was made for referral to a pain management psychologist; the request was non-certified by utilization review with the following provided rationale: "the provider documents that the patient has improved in pain and ridiculous symptoms and not taking any narcotic medications for pain. The provider also documents in previous reports that the patient did not benefit from psychological therapy sessions previously authorized. Based on the current available information, the medical necessity for this consultation has not been established." This IMR will address a request to overturn that decision. According to the requesting physician referral was made for pain management psychologist ([REDACTED]) for "evaluation of cognitive behavioral therapy and pain coping skills training...This patient's delayed recovery from chronic pain and limited pain coping skills now warrants a psychological evaluation." According to a progress note from April 24, 2015 "the patient stopped visiting with psychologist [REDACTED]. once a month patient found visits were not helpful." Although it appears that the patient has participated in prior psychological treatment (quantity and duration unknown) additional treatment may be warranted. Based on the provided documentation the medical appropriateness of the request has been established. It will be important to determine how much prior psychological treatment the patient received with his prior therapist before authorizing any psychological treatment and a request for a psychological evaluation/consultation should contain a detailed description of what occurred in his prior treatment. The utilization review mentions the prior failed psychological treatment is a

reason why a new course with a different therapist is not recommended. However, it is often the case in psychological treatment that patients require a good match between themselves and the treating therapist. Additional psychological treatment may be warranted in this case contingent upon the amount of psychological treatment that is already been received for this industrial injury. Based on the provided records as well as the current MTUS/official disability guidelines it appears reasonable and medically appropriate to provide a psychological consultation at this juncture and therefore the utilization review determination for non-certification is overturned.