

Case Number:	CM15-0094015		
Date Assigned:	05/20/2015	Date of Injury:	09/08/2012
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 34 year old male who sustained a work related injury September 8, 2012. Past history included diabetes. While lifting and unloading concrete blocks from a vehicle, he experienced a pulling sensation in his lower back. Within two days, he began to experience increased low back pain and pain in his right hip and right leg. He was examined, x-rays were obtained, administered an injection for pain, prescribed medication, provided a back brace, and underwent at least 15 sessions of physical therapy. According to a primary treating physician's progress report, dated April 6, 2015, the injured worker presented using a cane due to leg weakness and fear they may give way. He is complaining of low back pain, difficulty sleeping, and anxiety. He is ambulatory with a minimal antalgic gait on the left side due to left knee pain. His lower back pain is located on the left side and aggravated when he flexes. Diagnoses are chondromalacia patella; lumbar disc rupture; sprain wrist. At issue is the request for authorization for a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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 request was made for "psych evaluation and treatment." The request was non-certified by utilization review with the following rationale provided: "the guideline criteria have been partially met. The claimant is noted with a feeling of anxiety and depression. Therefore, a psych evaluation is medically necessary and reasonable at this time. However, unspecified treatment is not medically necessary and reasonable at this time." This IMR will address a request to overturn that decision. Several aspects of this request are unclear. First of all "the request for psych evaluation" does not clearly specify if it is for psychiatry or psychology but because the patient did receive a comprehensive psychological evaluation on August 18, 2014, it is assumed it's probably for psychiatric evaluation. The second issue with this request is that it combines the request for a psych evaluation with a request for treatment and the request for treatment is unspecified with regards to quantity or frequency of visits. Treatment requests reaching the IMR level must contain a quantity of sessions being requested otherwise it is the equivalent of authorizing an open-ended and unlimited amount of therapy. Because the medical necessity of unspecified treatment (i.e. unlimited and open-ended) is not established by the provided documentation then the utilization review determination is upheld. The request is not medically necessary.