

Case Number:	CM15-0094524		
Date Assigned:	05/21/2015	Date of Injury:	06/02/2009
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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 48 year old female, who sustained an industrial injury on 06/02/2009. She has reported subsequent right ankle and foot pain and was diagnosed with right ankle internal derangement, right ankle complex regional pain syndrome and right ankle surgery. Treatment to date has included oral pain medication and surgery. In a progress note dated 03/04/2015, the injured worker complained of right ankle and foot pain. Objective findings were notable for tenderness to palpation of the medial and lateral ankle with 3+ edema, positive skin trophic changes and positive allodynia, hyperalgesia and hypesthesia. A request for authorization was submitted for one time psych consultation for psych clearance for percutaneous spinal cord stimulator trial to evaluate and treat right ankle complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time psych consultation for clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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

Decision rationale: Citation 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. Also noted specifically: Psychological evaluations for IDDS and SCS (intrathecal drug delivery systems and spinal cord stimulator's) recommended pre-SCS trial. Decision: a request was made for a one time psych consultation for clearance, the request was noncertified by utilization review with the following rationale provided: "there is an absence of documentation noting that this patient requires a one-time consultation with psych. The patient has had psychotherapy 2013 without improvement and it is not clear what further procedures are being performed that would require psych clearance." This IMR will address a request to overturn that decision. According to a treatment progress note from April 29, 2015 from the patient's primary treating physician it is noted that the request for a one time psych consultation is specifically for a psych clearance prior to percutaneous spinal cord stimulator trial to evaluate and treat right ankle complex regional pain syndrome that failed all treatments. It is noted that "the UR is defective due to not using MTUS or ODT guidelines, UR used ACOEM guidelines. MTUS and ODT guidelines support pre-cutaneous spinal cord stimulator trial for treatments of complex regional pain syndrome; therefore, a preprocedure one time psych consultation for psych clearance is medically necessary." All the provided medical records were carefully considered for this review. It does appear that the utilization review did use the ACOEM guidelines and did not mention the more specific MTUS guidelines that directly address this request. As mentioned above in the citation the MTUS guidelines do in fact support the use of pre-spinal cord stimulation trial psychological evaluation for appropriateness. The medical records and MTUS guidelines to support this request as being reasonable and medically necessary and therefore the utilization review determination for non-certification is overturned and the request is medically necessary.