

<b>Case Number:</b>	CM13-0002021		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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. The expert reviewer is Board Certified in Psychiatry and Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 7/23/09 date of injury. At the time (6/28/13) of request for authorization for consultations psychiatry psych 1 x 1, there is documentation of subjective (worsening right upper extremity pain, particularly in the right hand with associated numbness, and pain radiating into the right shoulder) and objective (tenderness to palpation over the bilateral cervical paraspinal muscles) findings, current diagnoses (reflex sympathetic dystrophy of the upper limb and displacement of cervical intervertebral disc without myelopathy), and treatment to date (psychiatric consultation, psychotherapy (including cognitive behavioral therapy), and medications). Medical report identifies that the "patient requests psych MD in [REDACTED]" and a request for referral for psychiatric care closer to patient. The number of previous psychotherapy treatments cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of psychotherapy treatments to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULTATIONS PSYCHIATRY PSYCH 1 X 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the upper limb and displacement of cervical intervertebral disc without myelopathy. In addition, there is documentation of previous psychotherapy (including cognitive behavioral therapy), that the "patient requests psych MD in Santa Rosa or Petaluma," and a request for referral for psychiatric care closer to patient. However, there is no documentation of the number of previous psychotherapy treatments and if the number of treatments have exceeded guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of psychotherapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for consultations psychiatry psych 1 x 1 is not medically necessary.