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| Case Number: | CM13-0021607 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 08/20/2012 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, 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 physician 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:

The claimant is a 34 year-old female [REDACTED] with a date of injury of 8/20/12. According to medical report, the claimant sustained injury to her hands, wrists, shoulders, and neck due to repetitive cumulative trauma while working for Comcast. She is diagnosed by [REDACTED] with sprain or strain of cervical spine, repetitive strain injury, sprain or strain of wrist and carpal tunnel syndrome and by [REDACTED] with tenosynov hand/wrist NEC, joint pain-shoulder, and myalgia and myositis NOS. The claimant has been medically treated with medications, physical therapy, occupational therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

for unlisted psychiatric service or procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Psychological Evaluations Page(s): 98-99; 100-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral Interventions Page(s): 101-102; 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines

Decision rationale: The CA MTUS guidelines regarding the psychological treatment of pain will be used as reference in this case. In reviewing the medical records offered for review, there

are no psychiatric/psychological reports or notes. In their "progress note, dated 8/29/13, [REDACTED]. [REDACTED], and nurse practitioner, [REDACTED], state that the claimant "does have an authorization for psychology visits to see [REDACTED]", but there is no other information regarding these services. It is also noted that there is no indication in any of the medical reports or notes that the claimant is in need of psychological services. As a result of insufficient information in addition to the request for "unlisted psychiatric service or procedure" being too vague, the request for "unlisted psychiatric service or procedure is not medically necessary.