

<b>Case Number:</b>	CM13-0035100		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Licensed in Psychologist, and is licensed to practice in Texas. 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:

The injured worker is a 51-year-old male who reported an injury on 02/03/2012, after a cart of heavy plates fell onto his forearm and hand. Current diagnosis is reflex sympathetic dystrophy in the upper limb. The most recent physician progress report submitted for this review is documented on 05/29/2013. The injured worker reported persistent pain in the right upper extremity and neck. It is noted that the injured worker has participated in psychology sessions, which have helped him communicate with his family. However, the injured worker's sleep quality and mood have not improved. Current medications include amitriptyline, Lyrica, Norco, and etodolac. Physical examination revealed normal ambulation and tearfulness. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has completed an unknown amount of psychology sessions to date. The injured worker continues to demonstrate poor mood. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. There is also no quantity listed in the current request. As such, the request is non-certified.