

Case Number:	CM13-0051105		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2008
Decision Date:	03/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 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 patient is a 45-year-old female who reported an injury on 10/01/2008 after she provided patient care and reportedly sustained injury to the bilateral hands. The previous treatments have included chiropractic care, massage therapy, physical therapy, acupuncture, and epidural steroid injections. The patient ultimately underwent left carpal tunnel release in 06/2011, right shoulder arthroscopy in 05/2012, and left shoulder arthroscopy in 11/2012. The patient's most recent clinical examination findings included decreased activity levels with poor sleep quality that are improved with medication usage. The physical findings included a positive Phalen's test and Tinel's sign bilaterally with tenderness over the bilateral volar aspect of the wrists with decreased motor strength rated at 4/5 and diminished sensation along the median nerve distribution bilaterally. The patient's medications included Cymbalta, Pantoprazole, Neurontin, Methadone, Lunesta, and Voltaren. The patient's diagnoses included hand pain, wrist pain, and carpal tunnel syndrome. The patient's treatment plan included continuation of medication usage and evaluation for pain management by a psychologist for cognitive behavioral therapy and pain coping skills training.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral to a pain management psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluation Section Page(s): 100.

Decision rationale: The requested referral to a pain management psychologist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recently been evaluated by a psychologist. The California Medical Treatment Utilization Schedule does recommend psychological evaluation for patients who have delayed recovery and may benefit from cognitive behavioral therapy. However, as the patient has recently undergone a psychological evaluation, the need for an additional referral to a pain management psychologist is not clearly identified within the documentation. As such, the requested referral to a pain management psychologist is not medically necessary or appropriate.