

Case Number:	CM13-0064312		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2012
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 06/21/12. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of right wrist and hand pain. No psychiatric symptoms are listed. The record states: "Physical exam unchanged." Diagnoses included carpal tunnel syndrome and ulnar neuropathy. Treatment has included oral and topical analgesics and NSAIDs. A Utilization Review determination was rendered on 11/18/13 recommending non-certification of "psychiatrist consultation".

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST CONSULTATION: 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 Psychological Evaluations Page(s): 100-101.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are recommended. They are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more

widespread use in chronic pain populations." The non-certification was based upon lack of documentation of any psychiatric signs or symptoms.