

<b>Case Number:</b>	CM13-0068768		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Psychology 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 58-year-old female who reported an injury on 09/07/2007. The mechanism of injury was not provided. On 12/05/2013, the injured worker's diagnoses were de Quervain's tenosynovitis, ulnar neuritis, cervical radiculopathy, hands pain, wrists pain, chronic pain, tendinitis, and trigger finger acquired. She had complaints regarding her right hand and bilateral wrists. Physical examination was not provided at this time. Prior therapy included medications. The provider recommended a psychology consult with 8 to 10 followup visits. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology Consult with 8 - 10 follow up visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavior Therapy guidelines for chronic pain, page 23.

**Decision rationale:** The California MTUS states that a psychotherapy referral after 4 weeks lack of progress from physical medicine alone would be recommended. Initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request for Psychology Consult with 8 to 10 followup visits is not medically necessary.