

<b>Case Number:</b>	CM14-0021244		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 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 claimant is a 51 year-old female (██████████) with a date of injury of 2/3/09. The claimant sustained injury to her upper right extremity while working as a food services worker for ██████████. The mechanism of injury was not found within the records offered for review. In their "Progress Note" dated 1/23/14, Physician Assistant, ██████████, and ██████████ diagnosed the claimant with Dystrophy reflex sympathy up 1. It is noted in their report that the claimant "does admit to having depressive symptoms secondary to her chronic pain and lack of improvement however, she denies any suicidal ideation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FOLLOW UP SESSIONS WITH PSYCHOLOGIST QTY:12.00:** 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 treatment ( CA MTUS 2009) Page(s): 101-102.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines regarding the use psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references in this case. Based on the review of the medical records,

the claimant has been experiencing chronic pain since her injury in 2009. Although she is experiencing symptoms of depression secondary to her chronic pain, it does not appear that she has received any types of psychological treatment. Thus, treatment would likely be beneficial. However, the claimant has yet to complete a thorough psychological evaluation/assessment that not only would offer more specific diagnostic information, but appropriate treatment recommendations as well. Without having completed an initial psychological evaluation, the request for follow-up sessions with a psychologist is premature. As a result, the request for "follow up sessions with a psychologist quantity: 12.00" is not medically necessary. In a separate note, the number of requested follow-up sessions exceeds the total number of initial sessions as set for by the CA (MTUS) and Official disability Guidelines (ODG). It is suggested that future requests coincide with the cited guidelines in order to expedite the process.