

<b>Case Number:</b>	CM14-0055294		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 48-year-old female with a reported injury date of 09/20/2010 and also from 07/21/2011 to 05/23/2012. The mechanism of injury was that the injured worker was pushing a cart and that the cart had tipped and she tried to prevent it from dropping and she felt her right wrist was pulled very hard. She complained of pain to both hands. The injured worker had a comprehensive psychological evaluation done on 01/17/2014 which revealed that she has had multiple orthopedic injuries while she was working and she was also complaining of reactive depression and anxiety. The injured worker had had to deal with functional limitations due to the chronic physical pain, the inability to work, and the development of psychiatric symptoms in response to persistent physical symptoms. Her medications included lisinopril, pantoprazole, tramadol, naproxen, and polyethylene. Her diagnoses provided consisted of personality disorder, NOS, mixed personality disorder with narcissistic and obsessive compulsive features. The injured worker's interest and motivation for treatment was below average in comparison to adults who are not being seen in a therapeutic setting. Her treatment motivation was a great deal lower than is typical of individuals that are being seen in a treatment setting. Her responses suggest that she feels satisfied with herself and that she is not experiencing marked distress. The recommended treatment plan is additional psychiatric treatment as needed on an industrial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Counseling, QTY 24 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , page(s) Psychological treatment Page(s): 102.

**Decision rationale:** The MTUS Chronic Pain Guidelines suggest that continued psychotherapy is warranted if the pain is sustained in spite of continued therapy. There was no pain assessment documentation of the efficacy of her pain medications. There was no documentation provided on conservative care or home therapy that she might be doing for her pain. The MTUS Chronic Pain Guidelines recommend, also, that intensive care may be required for mental health professions allowing for a multiple disciplinary treatment approach. There is no documentation or evidence of any multiple disciplinary treatments. There was no documentation provided of improvement or efficacy of prior treatments. Therefore, the request is not medically necessary and appropriate.