

Case Number:	CM14-0060810		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2012
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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:

This is a 56-year-old male with a 6/1/12 date of injury. The mechanism of injury occurred over time with repetitive trauma, not from a specific injury. He developed pain in both hands and wrists and numbness in all fingers bilaterally, as well as in the right forearm and anterior elbow. According to a progress report dated 2/6/14, the patient continued to have moderate right shoulder pain despite previous injections and the use of medication. His carpal tunnel and ulnar neuropathy symptoms are somewhat improved with the medication, the prior injections, and the recent acupuncture. Objective findings: residual tenderness present over the carpal and cubital tunnels, Tinels and Phalen signs are positive, persistent tenderness about the right shoulder with some crepitation with active shoulder motion and a positive impingement sign. Treatment to date: medication management, activity modification, physical therapy, injections, acupuncture. A UR decision dated 4/17/14 denied the requests for Psychiatric evaluation 1XBweekly for 6 weeks and Psychiatric Evaluation 1xWeek for 6 weeks. This amount of follow-up seems a bit excessive for the treatment of mood and anxiety disorders. The patient does not have acute symptoms of mania, psychosis, nor is he suicidal or homicidal. This type of close follow-up would be warranted for the acute psychiatric patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation 1XBweekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 100-101. Decision based on Non-MTUS Citation ACOEM 2004 edition page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 100-101.

Decision rationale: CA MTUS states that psychological evaluations are recommended and 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. According to a psychologist report dated 1/6/14, the provider is requesting psychotherapeutic treatment with 12 weekly sessions, with 6 possible subsequent sessions, on a monthly basis once gains are made. The rationale for the latter 6 sessions is to prevent relapse. In addition, the provider states that he is requesting a referral for a psychiatric physician who is able to determine the patient's specific medication needs. It is unclear if the provider intended this request to be for psychotherapy or for a psychiatric evaluation for medications. If it is for medication management, treatment with a psychiatrist biweekly for 6 weeks is excessive. Therefore, the request for Psychiatric evaluation 1XBweekly for 6 weeks was not medically necessary.

Psychiatric Evaluation 1xWeek for 6 weeks: Upheld

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