

Case Number:	CM14-0192442		
Date Assigned:	11/26/2014	Date of Injury:	01/28/2011
Decision Date:	02/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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:

According to the provided records, this patient is a 33 year old female who reported a work-related injury that occurred on January 28, 2011 during the course of her employment for the [REDACTED] as a fiscal assistant [REDACTED]. The mechanism of injury is noted to be repetitive strain. The injury occurred to her right elbow, right wrist, and right hand; there is also left upper extremity pain and the accepted body parts include bilateral elbows wrists and hands. In late 2007 she noted the onset of hot sensations in her hands wrists and forearms. She continued to work and her symptoms gradually increased with onset of pain in her elbows, shoulders and neck which she attributes to the repetitive motion of her hands, and arms while performing computer data entry and office work. Conservative medical treatment, physical therapy, acupuncture, TENS unit, surgical interventions, unsuccessful spinal cord stimulator trial and stellate ganglion blocks have not resulted in sustained improvement. Medically, a partial list of her medical diagnoses include right upper extremity complex regional pain syndrome, rule out cervical arthrosis/radiculopathy, bilateral forearm tendinitis, trapezial and paracervical strain, left carpal tunnel syndrome, status post right carpal tunnel release and de Quervain's release. An additional diagnosis of cervicalgia is noted as well. She reports continued pain in her neck which radiates into the arms and is much worse on the right than the left. This IMR will address the patient's psychological symptomology as it relates to the request for a psychological evaluation and treatment. There is a notation that she is seeing a psychiatrist on a monthly basis, however no session progress notes were provided for this treatment. She is reporting depression, fatigue, anxiety, and difficulty sleeping. She had a psychological evaluation on October 24, 2013 prior to the spinal cord stimulator evaluation and was found to be a suitable candidate for the procedure. At that time there was no psychological diagnosis or clinical disorder found. Upon reevaluation by the same psychologist March 20, 2014 it was noted that her psychological condition had

worsened as she realized she was not going appreciably improve and depression manifested in more frequent tearfulness and sad mood. She describes herself as ambitious and a multi-tasker would accomplish whatever she set herself out to do and her expectation was to return to work and get the next promotion but now is barely able to concentrate because of the pain. Beck depression/anxiety inventories scores revealed moderate depression and a normal range of anxiety. Psychological diagnoses: adjustment disorder with mixed mood. There is a notation from March 27, 2014 by the same treating psychologist stating that she attended nine psychotherapy sessions between March 27, 2014 and June 16, 2014. There is a treatment progress note from the psychologist dated August 21, 2014 that states please accept the request for an appeal of non-certification of treatment. The patient is highly depressed, withdrawn/isolated and with suicidal thoughts at times but without intent. No additional information regarding those sessions were provided. The patient had an agreed medical evaluation on September 19, 2014. This evaluation was mentioned in the utilization review determination for non-certification as part of the rationale because the report was not included for consideration. This report it was made available for this IMR and appears to provide additional information that was not available at the time of the original UR determination. The report states that the patient was crying throughout the examination and was in overwhelming amount of pain. It was the AME recommendation "that the patient be referred back to the treating psychologist for his opinion as to whether anything further can be done from a psychological perspective to stabilizer. If it is his opinion that she has reached the point of maximum medical improvement, then that would be my opinion as well. However, I am hopeful that further psychological care stabilizer and allow her to perhaps undergo additional orthopedic treatment." A request was made for a psychological evaluation and treatment. The request was non-certified. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological evaluation and psychological treatment Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is

recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. In regards, to the request for a psychological evaluation, the patient appears to have already had recent psychological evaluations performed once prior to her spinal cord stimulator (not provided for this review) and a second more recent one that was provided for this consideration. The rationale for repeating a psychological evaluation was not clearly stated in a manner that would support this request and establish medical necessity for it. It was also requested that the patient have psychological treatment. Given the nature of her delayed recovery and level of impairment and related psychological distress, which was adequately documented in the medical records, psychological treatment might be medically appropriate; however there was insufficient documentation of her prior psychological treatment. No individual psychological session notes were provided for consideration. It is clear that the patient has been participating in psychological treatment and has had it the minimum nine sessions but possibly more and the total quantity/duration of sessions provided was not specified. There was no documentation of patient benefit from prior psychological treatments. Continued psychological treatment is contingent upon not only significant patient psychological symptomology but also evidence of patient benefit including objective functional improvement that have been derived from prior treatment. In addition, the quantity of sessions and duration of treatment needs to conform to the treatment guidelines stated above. Typically this would be 13 to 20 visits of individual sessions, but in some cases of severe major depression or PTSD up to 50 can be provided if progress is being made. Because the duration and quantity of treatment was not provided it is unclear whether or not the requested treatment would fall within guidelines. The medical necessity for Psychological Evaluation and Treatment was not established.