

<b>Case Number:</b>	CM14-0209513		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 53 year-old male [REDACTED] with a date of injury of 11/8/2011. The injured worker sustained injury to his right hand, wrist, and forearm when he was struck by a forklift on his right side while working for [REDACTED]. He has been diagnosed with: Reflex sympathetic dystrophy of the right upper extremity; Right ulnar entrapment; and Status post right ulnar decompression surgery. The injured worker has received various treatments including medications, nerve blocks, cubital and tunnel surgery, platelet therapy injections, stellate ganglion injections, occupational therapy, and physical therapy. He completed a psychological evaluation with [REDACTED] on 9/18/14 in order to assess whether he was psychologically stable for a spinal cord neurostimulator trial. [REDACTED] noted symptoms of depression and anxiety and recommended follow-up psychotherapy with a "health psychologist focused on pain management and possibly biofeedback to explore the mind-body connection." The request under review is based upon [REDACTED] recommendations and is for 10 psychotherapy sessions to aid in the treatment of the right wrist RSD. This request was denied by UR in November 2014 but a modified 6 psychotherapy sessions were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 10 sessions for right wrist RSD (Reflex Sympathetic Dystrophy Syndrome): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain; Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker is experiencing not only chronic pain, but also psychological symptoms related to depression. It was recommended by evaluating psychologist, [REDACTED], that the injured worker receive psychological services to help him manage his pain and his depression. Although the injured worker is in need of services, the MTUS recommends an "initial trial of 3-4 visits over 2 weeks" and the ODG recommends an "initial trial of 6 visits over 6 weeks." Utilizing this information, the request for an initial 10 psychotherapy sessions exceeds the cited recommendations. As a result, the request for "Psychotherapy x 10 sessions for right wrist RSD (Reflex Sympathetic Dystrophy Syndrome)" is not medically necessary.