

<b>Case Number:</b>	CM15-0017319		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 56 year old female, who sustained an industrial injury on 11/30/2010. The diagnoses have included right and left carpal tunnel syndrome, cervical spine sprain/strain and moderate to severe anxiety and depression. Treatment to date has included medication. According to the primary physician's initial evaluation and request for authorization dated 6/16/2014, the injured worker complained of neck pain and bilateral wrist pain. Exam of the cervical spine revealed tenderness with spasm to both paraspinous columns. Recommendation was for the injured worker to see a psychologist. Per the secondary treating physician's initial evaluation dated 10/16/2014, the physical exam revealed positive pain in the bilateral anatomic snuffbox, positive pain on ulnar and radial deviation of the wrist and positive pain on wrist flexion and extension. Recommendation was for thorough work-up of the bilateral wrists. On 1/7/2015, Utilization Review (UR) non-certified a request for Follow-up with psychologist. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-Up with psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Behavioral Interventions Page(s): 100-101; 23.

**Decision rationale:** It is unclear from the medical records submitted for review the reasons and rationale for follow-up psychological services. It appears that a recommendation for the injured worker to consult with a psychologist was made in June 2014. However, it is unclear whether the injured worker received any psychological services from that recommendation as there are no psychological records included for review. Additionally, there are no indications of psychological issues within the most recent medical records. Without sufficient information to substantiate the request, the need for a follow-up with a psychologist cannot be determined. As a result, the request is not medically necessary.