MAXIMUS Federal Services

Case Number:	CM15-0183806		
Date Assigned:	09/24/2015	Date of Injury:	01/27/2011
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 34-year-old male, with a reported date of injury of 01-27-2011. The diagnoses include coccidioidomycosis. Treatments and evaluation to date have included Tramadol, Norco, Gabapentin, Nucynta, Phenergan-codeine, and an antifungal medication. The diagnostic studies to date have included an MRI of the left wrist on 04-23-2015, which showed degenerative cystic lesion at the dorsal radial aspect of the distal forearm. The visit note dated 08-14-2015 indicates that the injured worker had chronic left upper extremity pain. He reported no acute changes to his pain condition. The injured worker rated his pain 10 out of 10 without pain medication, and 7 out of 10 with medication. He reported no side effects with the medications. The injured worker complained of anxiety and depression, but denied hallucinations and suicidal thoughts. The objective findings include alert and oriented; no evidence of acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation; and normal muscle tone without atrophy in the bilateral upper extremities. The injured worker's work status was referred to the primary treating physician. The request for authorization was dated 07-28-2015. The treating physician requested psychology consultation and six cognitive behavioral therapy sessions. On 09-09-2015, Utilization Review (UR) non-certified the request for psychology consultation and modified the request for six cognitive behavioral therapy sessions to one cognitive behavioral therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92mental chapter and pg 43.

Decision rationale: According to the guidelines, psychological testing and evaluation is appropriate in chronic pain patients after an industrial injury. Screening through a structured interview before further referral is appropriate. In this case, the claimant did have depression as determined by a 90-point questionnaire. The claimant did have significant amount of pain. Evaluation by psychology is medically necessary and appropriate.

Cognitive Behavioral Therapy (6-session): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: In this case, the claimant does have depressive symptoms and pain. The claimant had undergone treatment for pain and surgery. Although CBT may be appropriate, an initial trial of 3-4 sessions is recommended to determine therapeutic benefit. The request for 6 sessions exceeds the guidelines recommendations and is not medically necessary.