

<b>Case Number:</b>	CM15-0196532		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 40 year old male, who sustained an industrial injury on 01-06-2014. He has reported subsequent left wrist and hand pain and was diagnosed with left wrist laceration, left dorsal sensory branch ulnar nerve laceration, left wrist surgery and left hand strain. Treatment to date has included pain medication and surgery. The injured worker was noted to undergo repair of left dorsal sensory branch ulnar nerve laceration with nerve wrapping on 03-19-2014. In a progress note dated 07-29-2015, the injured worker reported left wrist and hand pain. Objective findings revealed 2+ tenderness of the left wrist and hand, painful range of motion of the left wrist and intact sensation to light touch of the left rider tip, left small tip and left dorsal thumb web. In a progress note dated 09-02-2015, the injured worker reported left wrist and hand pain. Objective examination findings noted intact sensation to light touch of the left index tip, left dorsal thumb web and left small tip. The treatment plan in both progress notes included a psych consultation for anxiety and depression but there was no rationale for the request. There were no psychological examination findings documented. Work status was documented as off work. A request for authorization of follow up office visit with psychologist regarding anxiety and depression was submitted. As per the 09-22-2015 utilization review, the request for follow up office visit with psychologist regarding anxiety and depression was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up office visit with psychologist regarding anxiety and depression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and there is a mention of anxiety and depression, but there is no information regarding details of the symptoms such as duration, frequency, any treatment so far for the same and if it is related to the industrial trauma. The request for follow up office visit with psychologist regarding anxiety and depression is not medically necessary at this time.