

Case Number:	CM15-0200488		
Date Assigned:	10/15/2015	Date of Injury:	05/23/2014
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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 69 year old male, who sustained an industrial injury on 3-1-2008. The injured worker is undergoing treatment for lumbar sprain, lumbar radiculopathy, bilateral wrist tendinitis, anxiety. Medical records dated 8-27-2015 indicate the injured worker complains of sleep disturbance, stress, dull aching pain in both wrists and hands with numbness and tingling and back pain radiating to the legs and feet. Physical exam dated 8-27-2015 notes bilateral wrist and lumbar tenderness to palpation and decreased range of motion (ROM). The treating physician for visit dated 8-27-2015 indicates, "the patient is also describing anxiety, depression, stress and insomnia due to his industrial injuries." Treatment to date has included medication and activity alteration. The original utilization review dated 9-24-2015 indicates the request for Psychological evaluation, depression/anxiety and exposure to pain and psychotherapy X 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Forearm, Wrist, and

Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an orthopedic evaluation with [REDACTED] on 8/27/15. In the report, [REDACTED] notes symptoms of depression and anxiety as well as difficulty managing the chronic pain. It is reported that the injured worker participated in psychotherapy in 2011 and again in 2013 for an unknown number of sessions. He completed an evaluation with AME psychiatrist, [REDACTED], in March 2015. [REDACTED] report was not included for review so it is unknown his recommendations. At this time, the injured worker has not completed a thorough psychological evaluation. The psychological evaluation is critical in offering a specific diagnostic picture as well as providing appropriate treatment recommendations indicating whether the injured worker is a candidate for psychotherapy. Without having had this completed, the request for services is premature. As a result, the request for 4 psychotherapy sessions is not medically necessary.

Psychological evaluation, depression/anxiety and exposure to pain: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, 2004, Chapter 7: Independent Medical Examinations and Consultations, pg 127.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an orthopedic evaluation with [REDACTED] on 8/27/15. In the report, [REDACTED] notes symptoms of depression and anxiety as well as difficulty managing the chronic pain. It is reported that the injured worker participated in psychotherapy in 2011 and again in 2013 for an unknown number of sessions. He completed an evaluation with AME psychiatrist, [REDACTED], in March 2015. [REDACTED] report was not included for review so it is unknown his recommendations. At this time, the injured worker has not completed a thorough psychological evaluation. The psychological evaluation is critical in offering a specific diagnostic picture as well as providing appropriate treatment recommendations indicating whether the injured worker is a candidate for psychotherapy. Considering that the injured worker is experiencing some psychiatric symptoms secondary to his chronic pain and he has yet to complete an evaluation, the request for a psychological evaluation appears reasonable and is supported by the ODG. As a result, the request is medically necessary.