

Case Number:	CM15-0208349		
Date Assigned:	10/27/2015	Date of Injury:	06/19/2010
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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 47 year old female, who sustained an industrial injury on 6-19-2010. The injured worker is being treated for lateral epicondylitis of the elbow, carpal tunnel syndrome, lesion of ulnar nerve, chronic pain syndrome and anxiety state unspecified. Treatment to date has included medications, ice, heat, activity modification, and bracing. Per the Primary Treating Physician's Progress Report dated 9-14-2015, the injured worker reported bilateral elbow and wrist pain rated as 1-3 out of 10 in severity. Current medications include Sonata, Wellbutrin, and Motrin. Objective findings included tenderness of the bilateral elbows and bilateral wrists. Work status was temporary total disability. The plan of care included behavioral pain management with a psychiatrist for depression and anxiety secondary to the effect of chronic pain. Authorization was requested for specialist referral to psychologist for behavioral pain management evaluation, short report, and six additional visits, quantity: 7. On 9-22-2015, Utilization Review modified the request for specialist referral to psychologist for behavioral pain management evaluation, short report, and six additional visits, quantity: 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral to psychologist for behavioral pain management evaluation, short report and 6 additional visits, Qty 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of her 2010 work-related injury. She has also developed psychiatric symptoms of anxiety and depression secondary to her chronic pain. In his September 2015 report, [REDACTED] noted the psychiatric symptoms and recommended that the injured worker receive psychological services, including an initial evaluation as well as follow-up psychotherapy, to address and treat the symptoms. The request under review is based upon [REDACTED] [REDACTED] recommendation. In the treatment of chronic pain with secondary psychiatric symptoms, the CA MTUS supports the use of psychological treatment. However, it is recommended that a psychological evaluation be conducted and completed first in order to generate more specific diagnostic information as well as offer appropriate treatment recommendations. Without having had an evaluation completed, the request for follow-up services is premature. As a result, the request for an evaluation, short report, and 6 additional visits is not medically necessary. It is noted that the injured worker received a modified authorization for a psychological evaluation only in response to this request.