

Case Number:	CM15-0032262		
Date Assigned:	02/26/2015	Date of Injury:	12/01/2013
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida
 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 56 year old female, who sustained an industrial injury on December 1, 2013. The diagnoses have included bilateral carpal tunnel syndrome. Currently, the injured worker complains of reports that she is unable to make a complete fist in either hand secondary to pain. Her hands have decreased touch sensation and previous electrodiagnostic were unremarkable. She reports sleep disturbances and low mood. On January 23, 2015, Utilization Review modified a request for six sessions of pain psychotherapy, noting that the evaluating physician noted that the injured worker had sleep disturbances and low mood. The request was modified to allow for one session for psychologist/pain psychologist evaluation. Utilization Review noted that there may be an issue with the request being related to the injured worker's work. The California Medical Treatment Utilization Schedule was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of six sessions of pain psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy- six sessions of pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Opiates, The online journal, eMedicine, Chronic Pain Syndrome Treatment & Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 134.

Decision rationale: MTUS guidelines state, "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." 6 sessions of pain psychology have been requested for this patient. Utilization review noted that there may be an issue with work relatedness. Utilization review modified the request to 1 treatment. This appears to be an appropriate strategy. This would allow her to be evaluated by a psychiatrist/psychologist to see if additional treatment sessions might be useful. The medical necessity of 6 treatment sessions has not been established at this time. Likewise, this request is not considered medically necessary.