

<b>Case Number:</b>	CM14-0122023		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent review, this 54-year-old female injured worker reported an industrial/occupational work-related injury on April 1, 2007, July 17, 2007. In a psychological report that her injury was stated as a continuous trauma injury that occurred from the time of April 1, 2001 through July 17, 2007 while she was employed as a Presser at [REDACTED]. The injury does appear to be continuous trauma injury due to repetitive motion with pain to bilateral wrists and right shoulder. She is status post right shoulder surgery and several carpal tunnel surgeries. There is mention of a prior 1999 injury involving the right hand. Psychologically, she has difficulty with sleeping, fatigue, engaging in social and recreational activities, social isolation, sadness and depression and frequent crying episodes. Her score on the Beck Depression Inventory was in the moderate range and severe for the Beck Anxiety Inventory. She underwent psychiatric treatment with [REDACTED] for an undetermined length of time but there is a progress note from January 2011 that discusses her depression, anxiety, and fatigue. The note states that the patient has reached maximized medical improvement from psychotherapy but will be continuing on her psychiatric medications. The note also states that she no longer has suicidal thoughts and is feeling better. She has been prescribed Ativan, Ambien, and Pristiq (as of 2011), it is not clear if she is still taking them. There is mention of a prior course of psychotherapy with Ms. Farar and that she completed the course of treatment. She has been diagnosed with: Depressive Disorder Not Otherwise Specified; Anxiety Not Otherwise Specified and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. On May 2, 2014 she had a pulmonary psychological evaluation and a request was made to carry out a psychodiagnostic testing in order to fully assess the patient for diagnostic and treatment with a request for eight sessions of cognitive behavioral therapy. The report noted that she has crying spells ongoing three days a week due to pain and

feels sad most of the day, that she feels helpless and hopeless and tired and has a blunted libido and stopped taking her medication for depression two years ago. She reports feeling anxious insecure and worried and gets anxiety attacks and feels desperate at times like she wants to run, cry and scream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychodiagnostic testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluations Page(s): 100-101.

**Decision rationale:** The California MTUS guidelines state that psychological evaluations are a recommended; they are generally well accepted, well-established diagnostic procedures not only with selective use in pain problems, but also more widespread use in chronic pain populations. Psychological evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related patient determine if further psychosocial interventions are indicated. At this juncture patient appears to be having significant increased psychological symptomology, and it is unclear why she discontinued taking the antidepressant medications which may be part of the reason why things have deteriorated. A psychological evaluation can help to determine if further psychosocial interventions are indicated. It would be essential for the evaluation to provide detailed information with regards to her psychological treatment history. It is entirely unclear whether or not the patient has had any psychological treatment in 2012, 2013 for 2014. If she did have treatment it would be essential to determine if she had functional objective improvements as a result of the treatment whether additional sessions are needed at this time. The purpose of the psychological evaluation is to assist in determining these issues. The utilization review rationale for not approving the evaluation was that there was insufficient evidence and documentation of prior treatment. That would be the purpose of this evaluation and therefore it appears to be medically necessary. The finding of this independent medical review is that the request for (1) psychodiagnostic testing/evaluation is medically necessary and appropriate.