

Case Number:	CM14-0123724		
Date Assigned:	08/08/2014	Date of Injury:	03/18/2013
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The records presented for review indicate that this 22-year-old gentleman was reportedly injured on March 18, 2013. The mechanism of injury is listed as amputation of the right hand middle finger in an industrial injury. The most recent progress note, dated July 24, 2014, indicates that the injured employee appears more upbeat. The injured employee was able to obtain closure with another individual who has caused the accident. Mental status examination was performed. Diagnostic imaging studies were not reviewed during this visit. There was a diagnosis of mild depressive disorder and mild anxiety disorder with phantom finger pain. Previous treatment includes cognitive behavioral therapy and biofeedback. A request had been made for a psychiatric follow-up appointment, psychiatric testing, and biofeedback and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with psyche- [REDACTED] : Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : pain chapter; office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment: Integrated Treatment/Disability Duration Guidelines, Pain(Chronic)- (updated 05/15/14)

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support routine follow-up, and encourage appropriate follow-up provided that it is individualized based upon patient concerns, signs and symptoms, clinical stability, reasonable physician judgment. A review of the attached medical record indicates that the injured employee appears to be making good progress with his psychiatric treatment. As such, this request for a follow up with psych-
[REDACTED] is medically necessary.

Psych testing x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines / pain chapter; office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 100-102 OF 127.

Decision rationale: The California MTUS Guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review of the available medical records indicates that the injured employee is progressing well with his existing psychiatric treatment and it is unclear what type of psychiatric testing is recommended for why it is needed considering this good progress. Without further clarification or justification, this request for psychiatric testing x 2 is not medically necessary.

biofeedback x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 25 OF 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends continued biofeedback with evidence of functional improvement up to a total of 6 to 10 visits followed by a transition to continue biofeedback exercises at home. A review of the attach medical record indicates that the injured employee has progressed well with prior CBT and biofeedback treatment. At this point it is anticipated that the injured employee can continue biofeedback exercises at home. As such, this request for additional biofeedback is not medically necessary.