MAXIMUS Federal Services

Case Number:	CM14-0095582		
Date Assigned:	09/10/2014	Date of Injury:	06/24/2009
Decision Date:	10/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Psychiatry 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:

Injured worker is a 56 year old female with date of injury 06/24/2009. Date of the UR decision was 6/9/2014. The mechanism of injury was described as right hand pain, onset after the power steering of her bus broke as she was pulling out of the buszone. Her right hand became entangled as the steering wheel recoiled. She had onset of hand numbness and tingling, as well as right middle triggering, in about 2012. Prior Treatment has included physical therapy, Gabapentin, Norco, Naprosyn, night splinting, injection of the wrist with steroid around 2012, which helped relieve "thumb joint tenderness." The Carpal Tunnel Syndrome and right middle trigger finger symptoms got worse. Nerve conduction studies were done, and the patient recalls these were abnormal. She has been off work since 7/21/2011 due to right and left knee pain. Report dated 6/6/2014 indicated that with the current medication regimen, her pain symptoms were adequately managed, however quality of sleep was poor and she had been experiencing depressive symptoms. She stated that she tends to worry a lot and felt irritated but denied suicidal thoughts, ideations, or plans. She was prescribed Gabapentin 600 Mg at bedtime, Laxacin Tablet, Naproxen Sodium 550 Tab #60, Norco 10-325 Tablet and Pantoprazole Sod Dr 20 Mg Tab. The treatment plan per that report included referral for cognitive behavioral therapy and biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 7, page 127 Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The reviewed records do not suggest that any detailed assessment of the symptoms of depression or any attempt to treat the depression has been made by the primary treating physician. The injured worker has been authorized for 4 sessions of Cognitive Behavior therapy. The request for Psychiatrist Evaluation is not medically necessary at this time.