

<b>Case Number:</b>	CM14-0180640		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 licensed 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:

The claimant is a 58 year-old female (██████████) with a date of injury of 11/2/11. The claimant sustained injuries to her hands, neck, knees, and back while working as a photographer/manager for ██████████. In the "Panel QME in the field of Neurology and Sleep Medicine" dated 5/12/14, Dr. ██████████ diagnosed the claimant with: (1) Right carpal tunnel syndrome moderate; (2) Left carpal tunnel syndrome, mild; (3) Obstructive sleep apnea treated with CPAP with normal Epworth sleepiness scale; and (4) Neck pain musculoskeletal sprain improving, mild non-radicular. Additionally, in his 8/4/14 PR-2 report, Dr. ██████████ diagnosed the claimant with: Carpal tunnel syndrome; and (2) Wrist/carpal tunnel syndrome. The request under review is for psychotherapy sessions however, there were no psychological records included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy treatment 1 session per week for 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The California MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the limited medical records, the claimant has continued to experience chronic pain since her injury in November 2011. Unfortunately, there were no psychological records included for review that offered any information about the claimant's psychiatric symptoms. Without the appropriate documentation, the need for psychological services cannot be determined. As a result, the request for "Psychotherapy treatment 1 session per week for 20 weeks:" is not medically necessary.