MAXIMUS Federal Services

Case Number:	CM14-0217789		
Date Assigned:	01/08/2015	Date of Injury:	08/09/2010
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California
Certification(s)/Specialty: Psychologist

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 54 year old female who sustained a work related injury August 9, 2010. According to a panel qualified evaluation-review of record, dated August 15, 2014, the physician comments on two reports from other neurologists where one concluded the injured workers problem is malingering and the other disagreed but failed to document his reasoning and explanation to the difference of opinion. According to a neurological medical legal consultation, dated September 23, 2014, the original injury occurred when she got her right thumb stuck between the latch lock and the body of the trunk of her car for about five minutes. Over the course of care, she has been evaluated by physicians and received x-rays, treated an initial laceration, underwent EMG studies, nerve blocks, medications, acupuncture, and underwent the placement of a nerve stimulator, present in the right lateral scapular region, and a re-do of the battery as it slipped out of place. She states her condition remains the same. At presentation the injured worker complains of pain in the right shoulder, arm, hand and thumb, which becomes worse with the use of the right upper extremity and in hot or cold weather. She is currently taking Cymbalta, Topamax, Naproxen and Zantac and has been for the past three years. The consulting physician concludes there are no clear-cut focal neurological deficits, and no clinical indication of reflex sympathetic dystrophy (complex regional pain syndrome). Before making a final impression he would like to review electrodiagnostic studies he was told were normal. A pain management progress report, dated November 19, 2014, finds the injured worker presenting for a follow-up visit and complaining of chronic right upper extremity pain rated 5/10. He further documents she feels depressed due to her current hand situation but no suicidal ideations or signs

of self-inflicting. Physical examination reveals decreased sensation in the right medial aspect of thumb; strength measured as 4/5 in right upper extremity. Assessment is noted as CRPS (complex regional pain syndrome) of the right upper extremity; limb pain, chronic pain syndrome, pain related sleep disturbance and insomnia. Treatment included referral to neuropsych for biofeedback and therapy, additional acupuncture, and continue home exercise program. There are no x-ray reports or EMG reports present in the medical record. A request for authorization dated December 2, 2014, for neuropsychology x 24 units (6) 1 hour sessions are noted. Work status is not documented.According to utilization review performed December 5, 2014, the requested Neuropsychology x 24 units, (6) 1 Hour Treatment Sessions is non-certified. Citing Official Disability Guidelines (ODG) Head Chapter Neuropsychological Testing there is no clear rationale provided to support the request; no documentation of severe traumatic brain injury or concussion with symptoms persisting beyond 30 days; no comprehensive assessment of psychological treatment completed to date or the patient's response submitted for review. Therefore, the treatment is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychology times 24 units, 6 one hour treatment sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, Cognitive behavioral therapy, psychotherapy guidelines; See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines see also chapter: HEAD

Decision rationale: The MTUS and official disability guidelines are silent regarding neuropsychological treatment, 6 one hour treatment sessions. The utilization review rationale for non-certification incorrectly cited the information for neuropsychological assessment/evaluation, The official disability guidelines refer to general cognitive behavioral therapy guidelines under the topic of psychotherapy which would apply in this case. These guidelines state that patients may have a total of 13-20 sessions after an initial brief treatment trial, if progress is being made. It appears from the medical records that were provided that this patient has received prior psychological treatment. No information was provided for consideration with regards to this prior treatment including whether or not the patient benefited from it, the duration and quantity of sessions provided and general outcome. It is not entirely clear if this is a request for 24 sessions or 6 sessions. Psychological treatment is contingent upon all of the following conditions all being met: documentation of significant patient psychological symptomology, documentation of patient benefit from prior treatment sessions (if any have occurred -including objective functional improvement), and that the total quantity of sessions being requested falls within recommended treatment guidelines. After careful review of the medical records that were provided, the conditions that relate to prior psychological treatment in terms of outcome and quantity/duration were not satisfactorily met, thus the medical necessity of the request was not

established. Because the medical necessity the request was not established, the utilization review determination for non-certification is upheld.