

Case Number:	CM15-0111624		
Date Assigned:	06/18/2015	Date of Injury:	11/03/2013
Decision Date:	10/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

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

This is a 26-year-old female who sustained an industrial injury on 11-03-2013. Diagnoses include carpal tunnel syndrome; trigger finger (acquired); hand injury; cervical sprain, strain; and myofascial pain. Treatment to date has included medications, acupuncture, paraffin hand treatment, ultrasound treatment and TENS unit. According to the progress report dated 5-27-2015, the IW (injured worker) reported hand and wrist pain rated 7 out of 10 before paraffin treatment and 5 out of 10 afterward. There were no complaints of depression or feelings of worthlessness documented. On examination, Tinel's and Phalen's signs were positive. The IW was to return to the clinic in one week for a depression screen. On the Request for Authorization dated 5-27-2015, a request was made for one depression screening due to being unable to work and feeling worthless related to left hand injury (as an outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 depression screening due to being unable to work and feeling worthless related to the left hand injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Forearm, Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/ Psychological evaluations.

Decision rationale: ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for 1 depression screening due to being unable to work and feeling worthless related to the left hand injury is medically necessary.