

<b>Case Number:</b>	CM15-0111832		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 (IW) is a 53 year old male who sustained an industrial injury on 02/03/2012. The mechanism of injury and initial report are not found in the records reviewed. The injury was a broken right arm. Treatment to date has included open reduction internal fixation surgery of the open right distal radius right ulnar fracture, carpal tunnel release, forearm fasciotomy, middle finger nail bed repair,. He completed a functional restoration program and uses techniques learned there on a daily basis with a hone exercise program and walking. The injured worker is now diagnosed as having reflex sympathetic dystrophy of the upper arm, and depressive disorder. Currently, the injured worker complains of a burning pain in the right upper extremity from shoulder to hand that is constant but variable in intensity. The pain is rated a 7/10. The pain is aggravated with contact with clothing and contact with bed sheets. On examination, the skin is reddish violet and the affected limb is hypersensitive to touch. The worker relates that he is having difficulty sleeping, only sleeping about 3 hours at night due to pain and awakening tired. He claims emotional stress secondary to pain. The worker has a depressed and flat affect, and holds his right arm gingerly in a flexed position. Medications include Advil 800mg three times daily which decreases his pain by greater than 40%. The treatment plan includes using a lower dose of Ibuprofen (200mg prn) and adding omeprazole. Pain psychology visits are planned for coping with his continued sleep disruption and depressed mood. A request for authorization is made for Pain psychology visits 1 x 6

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychology visits 1 x 6: Overturned**

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

**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 Chapter Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed 10 psychotherapy sessions in 2012 as well as participated in an FRP in which psychotherapy was included. It does not appear that the injured worker received any follow-up psychological treatment following his discharge from the FRP. Typically, follow-up outpatient psychological care is important following discharge from an FRP in order to help maintain the psychological gains made during the program. Based on the notes from the Bay Area Pain and Wellness clinic, the injured worker continues to experience symptoms of depression secondary to his chronic pain. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-10 weeks (individual sessions), if progress is being made." Utilizing this guideline, the request for 6 psychotherapy sessions appears reasonable and medically necessary.