

Case Number:	CM15-0125295		
Date Assigned:	07/09/2015	Date of Injury:	01/07/2002
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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 is a year old female who sustained an industrial /work injury on 1/7/02. She reported an initial complaint of pain in the right upper extremity. The injured worker was diagnosed as having a pain disorder with psychosomatic pain factors, major depressive disorder, recurrent right upper neuropathic pain secondary to ulnar neuralgia. Treatment to date includes medication, surgery (right lateral epicondylar release and right cubital tunnel release on 11/22/02, and transposition of the right ulnar nerve on 3/2006), and psychological evaluation/psychiatric evaluation. Currently, the injured worker complained of chronic pain in the right upper extremity with flare up. Per the primary physician's report (PR-2) on 6/17/15, exam noted affect as tearful, with increased pain. Mood and anxiety were exacerbating the pain and decreasing functioning. The requested treatments include pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 4/22/15. In the subsequent report, [REDACTED] recommended follow-up psychotherapy sessions, for which an initial 4 sessions were authorized. The injured worker completed the 4th authorized sessions on 6/17/15. In the progress note dated 6/17/15, [REDACTED] presents relevant and appropriate information to substantiate the need for additional treatment. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits" and "with evidence of objective functional improvement, total of up to 6-10 visits" may be necessary. Utilizing this guideline, the request for an additional 6 visits is reasonable. Therefore, the request for an additional 6 pain psychology sessions is medically necessary.