

<b>Case Number:</b>	CM15-0129152		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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:

The injured worker is a 30 year old male who sustained an industrial injury on 4/13/13. He had complaints of pain and swelling in his left hand/fingers. Treatments include medication and physical therapy. Progress note dated 3/9/15 reports continued complaints of left hand pain. He has throbbing and burning in his left hand and all fingers, worse in finger four and five. Diagnoses include: complex regional pain syndrome in the left hand type II, left ulnar neuropathy at the level of Guyon's canal and cubital tunnel areas based on nerve conduction study/EMG. Plan of care includes: request left-sided stellate ganglion block, continue Ambien 5 mg, discontinue Norco, continue Tramadol, continue gabapentin. Follow up appointment on 4/6/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supportive psychiatric treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for Supportive psychiatric treatment does not indicate the type of treatment being requested or the length of time it is intended to be continued for. Thus, the request is not medically necessary at this time.