

<b>Case Number:</b>	CM15-0171998		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 45 year old female injured worker suffered an industrial injury on 7-27-2011. The diagnoses included wrist pain. On 8-11-2015 the treating provider reported the injured worker does not want to have any further surgery and the Medrol Dosepak had no effect to the wrist. Prior treatment included Naproxen. The provider noted diagnostics included electromyography studies 6-18-2015 that demonstrated mild right median nerve compromise at or near wrist or carpal affecting sensory components. At the visit 6-18-2015 she reported continued pain and triggering of all 5 fingers with difficulty grasping and holding objects. The medical record did not include goals for requested psychotherapy or evidence of symptoms. Request for Authorization date was 8-19-2015. The Utilization Review on 8-26-2015 determined non-certification for Right carpal tunnel release and Psychotherapy, 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** This is a request for carpal tunnel release surgery. Records indicate symptoms primarily around the right shoulder, but also in the neck, upper back, low back, both lower extremities and right upper extremity attributed to a July 27, 2011 slip and fall. A slip and fall does not cause carpal tunnel syndrome. The diffuse symptoms are not consistent with a diagnosis of carpal tunnel syndrome. Records indicate maximal symptoms are around the shoulder and for which as recently as September 3, 2015 the patient presented to an emergency department for a morphine injection despite taking oral methadone, gabapentin, Cymbalta and piroxicam. There is no reasonable expectation carpal tunnel release surgery would bring about functional improvement in this case. Carpal tunnel release surgery is not medically necessary.

**Psychotherapy, 6 visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Topic: Cognitive Behavioral Therapy.

**Decision rationale:** A request was made for Psychotherapy, six visits; the request was non certified by utilization review which provided the following rationale for its decision: 'There have been no recent reports with the functional benefit of ongoing psychotherapy. Absent this information, additional approvals cannot be given.' This IMR will address a request to overturn the utilization review decision. This review will be focused on the patient's complaints as they relate to her psychological symptomology and the requested psychological treatment. According to a PR-2 primary treating physician progress report from July 21, 2015, under the category Review of Systems Psychiatric is noted that she has depression. According to a July 3, 2015 panel Qualified Medical Evaluation, it was noted that March 23, 2015 report New Patient Consultation by [REDACTED] The patient 'clearly has significant pain amplification and depression and/or anxiety components for which psychological and/or possibly psychiatric evaluation and treatment would be appropriate on an industrial basis. The report further stated that the patient indicates that she is 'depressed and distraught over her present condition. It is at this time I'm advising further evaluation, (psychological) may be reasonably indicated.' It appears that the patient was subsequently authorized for functional restoration program and did participate and did benefit from it. As a part of the functional restoration program she received a comprehensive psychological evaluation on October 22, 2013. Psychiatrically, she was diagnosed with the following: 'Pain Disorder Associated with both psychological factors and a general medical condition, chronic and Major Depressive Disorder, recurrent, severe without psychotic features, and Anxiety Disorder not otherwise specified and sleep disorder due to chronic pain, insomnia type. At that time she received psychological treatment for depression and anxiety symptoms as well as pain management skill training. Although it appears that the

patient has received extensive physical treatment modalities and interventions for her industrial injury, and has participated in a functional restoration program that included some psychological components (of which there were no medical records provided for consideration), it does not appear that she has received outpatient individual psychological treatment. In addition it does appear that she is reporting significant psychological symptomology at the clinically significant level. The industrial guidelines support the use of cognitive behavioral therapy. The Official Disability Guidelines recommend an initial brief treatment trial of 4 to 6 sessions. Additional sessions up to a maximum of 13- 20 can be considered upon completion of the initial brief treatment trial pending documentation of patient benefit and including objectively measured functional improvements. For these reasons the medical appropriateness and necessity of the request is established and utilization review decision is overturned. Therefore, the request for Psychotherapy - 6 visits is medically necessary.