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| <b>Case Number:</b>   | CM15-0179184 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 01/15/2015 |
| <b>Decision Date:</b> | 10/28/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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 59 year old who female sustained an industrial injury on 01-15-2015. Diagnoses include bilateral carpal tunnel syndrome, wrist pain bilaterally, degeneration of cervical intervertebral disc, degeneration lumbar intervertebral disc, ganglion and cyst of synovium tendon and bursa, skin sensation disturbance, and radial styloid tenosynovitis bilateral. A physician progress note dated 08-14-2015 documents the injured worker had continued pain in her cervical spine, bilateral shoulder girdles, bilateral upper extremities, and low back pain, which she rates as 6-7 out of 10. Her pain is constant and sharp. Her upper extremity pain is associated with intermittent numbness. She walks with an antalgic gait. She has multiple myofascial trigger points throughout her per axial skeletal musculature. She has muscle aches, and weakness and arthralgia-joint pain and swelling in the extremities. She has a significant amount of stress. In a progress note dated 07-01-2015, the injured worker has bilateral wrist pain that radiates to her forearm with numbness and stiffness. Her right elbow tendonitis appears to have resolved, and bilateral wrist pain has improved especially with acupuncture. She does complain of back pain. On 06-24-2015 documents, she is having slow improvement but had no elbow pain, and intermittent forearm pain was currently not present. Bilateral thumb and finger pain has been continuous and more pronounced than the arm pain. She has reported low back pain at numerous visits. She is undergoing acupuncture. Treatment to date has included diagnostic studies, medications, hand therapy, acupuncture, and a home exercise program. Current medications include Celebrex, Effexor XR, Omeprazole, Vitamin D2, Zyrtec, and Estradiol. A Magnetic Resonance Imaging of the cervical spine done on 07-15-2015 revealed a

large disc herniation at C6-C7. Electromyography and Nerve Conduction Velocity of the upper extremities done on 03-03-2015 showed carpal tunnel syndrome. She is not working. The treatment plan includes a psychological assessment. On 08-25-2015 Utilization Review non-certified the request for 6 sessions of psychological treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of psychological treatment:** Upheld

**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 rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in January 2015. It was recommended by the treating physician that the injured worker complete an initial psychological consultation as well as receive follow-up psychotherapy sessions. The request under review is based on this recommendation. Although the injured worker may be a candidate for psychotherapy, she has yet to complete a thorough psychological evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations. Without having the evaluation completed, the request for follow-up psychotherapy sessions is premature. As a result, the request for 6 sessions of psychological treatment is not medically necessary.