

Case Number:	CM15-0096591		
Date Assigned:	05/26/2015	Date of Injury:	04/06/2011
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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 43 year old male, who sustained an industrial injury on April 6, 2011. He reported a left pinky finger injury. The injured worker was diagnosed as having a major depressive disorder -industrial, moderate; pain disorder associated with both psychological factors and a general medical condition; and sleep disorder due to a general medical condition. Diagnostic studies to date have included psychological testing. Treatment to date has included psychiatric evaluation and medications including pain, antidepressant, and non-steroidal anti-inflammatory. On April 6, 2015, the injured worker was evaluated by the psychiatric agreed medical evaluator. He complains of his left hand has worsened since the last evaluation. He complains of carpal tunnel due to his left hand fifth digit fusion surgery as it was not properly set and problems with the nerves up to his elbow. Associated symptoms include clicking, swelling, numbness and tingling that significant interrupt activities and sleep, and radiates up to the elbow. His left hand is extremely cold and clammy at times. His pain is constant and rated 6-7/10. On August 25, 2014, he underwent a left cubital tunnel release and ulnar nerve decompression, which help for a couple of weeks, and then the clicking returned. He complains of being subacromial decompression and tearful most of the time, feeling angry, agitated, irritable, feeling discouraged, no social life, no sex drive or interest in sex, and has a loss of pleasure. He was taking college courses for a new vocation, but was unable to complete them due to dozing, concentration and attention difficulties, agitation, and irritability. Over two years prior he saw a psychiatrist that had recommended treatment and medications. The mental status exam revealed limited movement of the left elbow to the affected fifth digit, which had definitive deformity and

diminished function. He was guarded and protective, and highly moody, tearful, and negativistic. He was attention drawing at times and overwhelmed by his pain and limitations. He displayed characteristics of an insecure, reclusive, and pessimistic type with passive-aggressive, dependent traits. There was appropriate facial expression, emotional speech and statements, initial marked tearfulness but otherwise goal directed and cooperative, and slightly diminished psychomotor activity and reaction time. There appeared to be pre-occupation with feelings of diminished self-worth, self-reproach, low self-image, and somatic ailments. There was a blunted and gloomy affect and his mood appeared to be depressed, anxious, irritable, negative, and forlorn. There were no delusions, illusions, or hallucinations. The requested treatments include a psychological re-evaluation and 20 sessions of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological re-evaluation and 20 sessions of treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Cognitive Behavioral Therapy Page(s): 100-101, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker is experiencing psychiatric symptoms secondary to his work-related injury and chronic pain. It appears that he has received both psychiatric medication management services as well as psychological services to treat his psychiatric symptoms. Based on the records, the injured worker first received psychotherapy with some biofeedback from [REDACTED] and his colleagues in 2012. He then transferred his care to [REDACTED] in late 2012/early 2013 and completed some sessions prior to continued treatment being denied. As a result, the injured worker has not participated in any psychotherapy for approximately 2 years. In his psychiatric reevaluation report dated 4/6/15, [REDACTED] offered substantial information regarding the injured worker's current mental state and need to resume psychological and psychiatric services. He recommended that the injured worker resume psychotherapy with [REDACTED] as soon as possible. The request under review is based upon [REDACTED] recommendation. The CA MTUS recommends psychological evaluations. Considering that the injured worker has not been psychologically treated for about 2 years, a psychological re-evaluation is warranted. Additionally, [REDACTED] evaluation can serve as a reasonable starting point regarding diagnostic information and initial treatment recommendations. Therefore, psychological treatment does not have to be delayed awaiting the psychological re-evaluation report. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." As a result, the request for a psychological re-evaluation and 20 psychotherapy sessions is medically necessary. It is noted that the injured worker had been given a modified authorization for a psychological reevaluation only in response to this request.