

<b>Case Number:</b>	CM13-0016511		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 27-year-old female who reported an injury on 08/22/2012. The mechanism of injury was a piece of equipment fell on the injured worker's right foot and great toe. Past medical history included anxiety and depression. Clinical impression revealed that the worker may have complex regional pain syndrome. By history, the injured worker was complaining of intermittent swelling, color changes, dysesthetic pain, and other neuropathic features. On physical examination, the injured worker demonstrated swelling, color change, and allodynia. The treatment included the injured worker had a prior history of sexual and other types of abuse when she was young. The injured worker would require a psychological evaluation and bio behavioral treatment with the clinical pain psychologist to optimize the response to therapies. The subsequent documentation indicated that requested treatment was for continued psychological treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO BEHAVIORIAL, NO DURATION AND AMOUNT:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy with an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The clinical documentation submitted for review failed to provide the objective testing results to support the necessity for cognitive therapy. Additionally, the request for bio behavioral failed to indicate duration and frequency. Given the above, the request for bio behavioral, no duration and amount is not medically necessary.