

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0018224 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 09/09/2011 |
| <b>Decision Date:</b> | 01/24/2014   | <b>UR Denial Date:</b>       | 08/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 California. 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 claimant is a 46 year-old female (DOB 7/8/67) with a date of injury of 3/9/11. According to medical reports, the claimant sustained a work-related injury when she injured her hand and forearm while wringing out a mop while working at [REDACTED]. She has been diagnosed by [REDACTED], per RFA dated 10/4/13, with sprain/strain of wrist, unspecified (right); long-term use of analgesic, opiate high risk. She has received physical therapy, surgeries, TENS, injections, and medication management for her pain. She has yet to receive psychological services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of cognitive behavioral therapy:** 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 Psychological treatment ,Behavioral interventions Page(s): 101-102, 23.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the CA MTUS guidelines regarding the behavioral treatment of pain, an "initial trial of 3-4 psychotherapy visits over 2 weeks" is recommended and "with evidence of objective functional improvement, total of

up to 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Based on these cited guidelines, the request for "12 sessions of cognitive behavioral therapy" exceeds the recommendations set forth by the CA MTUS and therefore, is not medically necessary.