

<b>Case Number:</b>	CM13-0033556		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 licensed 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 51 year-old female (██████████) with a date of injury of 10/30/08. The mechanism of injury was not found within the medical records submitted for review, but it did occur while the claimant worked for the ██████████. In their most recent report dated 11/4/13, ██████████ and ██████████ diagnosed the claimant with the following: (1) RSD/CRPS upper extremity; (2) Pain in limb; (3) Cervical radiculopathy; (4) Chronic pain syndrome; (5) Depression; (6) Anxiety; and (7) Pain disorder associated with both psychological factors and general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue CBT psychotherapy for 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS guidelines for the behavioral treatment of pain and the Official Disability Guidelines for the behavioral treatment of depression will be used as

reference for this case. Based on the review of the medical records, it appears that the claimant completed several psychotherapy sessions since September 11, 2012. In their "Progress Report" dated 2/12/13, [REDACTED] and [REDACTED] note that the claimant had completed 13 sessions to date. Between February 2013 and August 2013, it is unclear from the medical records submitted for review as to how many additional psychotherapy sessions had been completed prior to the request for "continued CBT psychotherapy for 10 sessions with [REDACTED]" in August 2013. Despite not knowing the exact number of sessions completed prior to August 2013, the guidelines recommend a total of 10 visits for chronic pain with a higher total of 20 visits for the treatment of depression. Since the claimant had already received 13 documented visits, the request for an additional 10 psychotherapy visits exceed the total number of 20 visits recommended by the ODG. As a result, the request for "continued CBT psychotherapy for 10 sessions with [REDACTED]" is not medically necessary. It is noted that the claimant did receive a modified authorization for 6 additional sessions in response to this request.