

<b>Case Number:</b>	CM13-0040392		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/17/1996
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 44 year-old female [REDACTED] with a date of injury of 9/17/96. According to medical reports, the claimant sustained cumulative trauma to her upper extremities as the result of repetitive typing related to her position as an accounting clerk with the [REDACTED]. According to [REDACTED] PR-2 report dated 9/23/3, the claimant is diagnosed with: (1) Chronic right arm/shoulder pain > neuropathy; (2) Chronic neck and back pain > myofascial pain syndrome; and (3) Pain disorder with psychological/general medical condition. The claimant has been medically treated over the years with medication, physical therapy, the use of braces/casts, massage, acupuncture, and the use of a TENS unit. She has also attended a functional restoration program on two separate occasions and received remote care services with demonstrated improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) sessions 2X5 for Psych.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral Interventions. Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Psychological Treatment and Behavioral Interventions. Page(s): 101-102, 23.

**Decision rationale:** The CA MTUS indicates that for the treatment of chronic pain an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be provided. Based on the review of the medical records, the claimant participated in a functional restoration program called [REDACTED] on two separate occasions in 2012 with additional remote care services in 2013. It was recommended as part of the continuity of care that the claimant receive outpatient CBT sessions to reinforce the skills that she learned in the [REDACTED]. It does not appear that the claimant received the recommended sessions following her termination from the [REDACTED] remote care, but it was felt that she would benefit from them. However, since the claimant has not already received outpatient CBT services, this request is considered an initial request. With this in mind, the request for "ten (10) sessions 2x5 for psych" unfortunately exceeds the number of initial sessions as recommended by the CA MTUS. As a result, the request for "ten (10) sessions 2x5 for psych" is not medically necessary.