

<b>Case Number:</b>	CM13-0044848		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Psychiatry, 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:

This case involves a 45 year old male injured 2-1-2011. The patient has right elbow and wrist pain. The patient has had depressive symptoms including insomnia. Medications have included Viibryd and Lunesta. The patient reported distal extremity pain while standing on a ladder drilling. Review of electrodiagnostic studies dated 9/12/12, interpreted by [REDACTED] documented 1) mild to moderate right cubital tunnel syndrome; 2) mild right ulnar neuropathy at the level of Guyon's canal. At issue is the medical necessity of Cognitive Behavioral Therapy once a week for 6-12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy once a week for 6-12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines has the following to state about behavioral interventions: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Because the records provided show no evidence of a trial of 3-4 psychotherapy visits over 2 weeks, 6-12 psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.