

<b>Case Number:</b>	CM13-0059898		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an physician 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 patient is a 53-year-old female who reported injury on 11/07/2011. The mechanism of injury was noted to be repetitive job duties. On the date of evaluation 09/10/2013, the patient was noted to undergo a Brief Battery of Health Assessment 2, which indicated the patient had somatic complaints at a higher rate than was seen in 24% of patients, a pain complaint at a rate that was higher than seen in 6% of patients, functional complaints at a rate of higher than was seen in 34% of patients, depression at a higher level than 22% of patients, and anxiety at a higher level than seen in 16% of the patients. The patient was noted to have a perceived disability of an inability to work. Clinical summary per the physician was that the patient had average defensiveness, average somatic complaints, average depression, average functional complaints, and low anxiety. The patient's diagnoses were noted to include chronic pain syndrome, right wrist d'Quervain's tendonitis, and trigger finger bilateral fourth digits. The physician opined the patient has unhealthy focus in multiple areas and was requesting authorization for 4 sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY x 4 SESSIONS:** Overturned

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

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

**Decision rationale:** The MTUS Guidelines indicate that cognitive behavioral therapy is recommended for chronic pain if the patient has had a lack of progress from physical medicine alone. The initial trial was for 3 visits to 4 psychotherapy visits over 2 weeks. The employee remained symptomatic after physical medicine care. Clinical documentation submitted for review indicated, according to the physician, that the employee had average defensive, average somatic complaints, low pain complaints, average functional complaints, average depression complaints, and low anxiety. While the employee had low percentages, the employee had them in multiple areas and could not work. Given the employee's symptomatology as well as findings upon the BBHI 2, the request for 4 cognitive behavioral therapy sessions is medically necessary.