

<b>Case Number:</b>	CM13-0071125		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/01/2006
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 51 year-old female [REDACTED] with a date of injury of 1/1/06 (although medical reports from [REDACTED] indicate a date of injury of 10/1/89). The claimant sustained injuries to her elbows, neck, and wrists as a result of a motor vehicle accident while working as a police officer for the [REDACTED]. In his 12/10/13 report, [REDACTED] diagnosed the claimant with: (1) cervical radiculopathy; (2) other pain disorder related to psychological factors; (3) lateral epicondylitis of the elbow; (4) unspecified neuralgia neuritis and radiculitis; and (5) fibromyalgia/myositis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF BIOBEHAVIORAL PAIN TREATMENTS: Upheld**

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guideline for the behavioral treatment of pain will be used as reference for this case. It is noted in [REDACTED] 10/1/13 PR-2 report that the claimant was "evaluated by [REDACTED] and is able to start a bio behavioral intervention

program". In his follow-up PR-2 report dated 12/10/13, [REDACTED] recommends continued bio behavioral therapy with [REDACTED]. However, there are no medical reports and/or treatment notes offered for review from [REDACTED] indicating the number of completed sessions to date and the progress/objective functional improvements obtained from those sessions. The Chronic Pain Medical Treatment Guidelines recommends that for the treatment of chronic pain, an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvements, total of 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Without any documentation of completed services, the need for further psychotherapy sessions cannot be determined. In addition, the request for 12 additional sessions exceeds the total number of sessions set forth by the CA MTUS. As a result of insufficient documentation and the request exceeding the guidelines, the request for "12 Sessions Of Biobehavioral Pain Treatments" is not medically necessary and appropriate.