

<b>Case Number:</b>	CM14-0005299		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 patient is a 62-year-old female who has submitted a claim for bilateral shoulder and right wrist tendonitis, and bilateral hip bursitis associated with an industrial injury date of October 17, 2011. Medical records from 2013 were reviewed, the latest of which dated December 12, 2013 revealed that the patient continues to have headaches, neck and back pain, bilateral hip pain and right lower extremity pain and weakness with cramping sensation. The patient continues to have memory and concentration difficulties, especially with her headaches. The headaches are mild to moderate bifrontal and temporal in location with no throbbing or nausea. She has visual disturbances and significant difficulties with concentrating when the headaches become moderate. There is occasional dizziness and ringing in the ears. The patient has pain-related insomnia. She also reports ongoing neck pain and stiffness, as well as back pain. She has shoulder pain and stiffness with occasional numbness in the right hand; fingers become stiff and achy. On physical examination, the patient appears to be anxious and depressed. There was tenderness in the cervical and trapezius muscles bilaterally. Range of motion of the cervical spine was restricted. There was tenderness in the thoracic and lumbar paraspinal muscles. Range of motion of the lumbar spine was limited due to pain and muscle guarding. There is painful range of motion in both shoulders. On neurologic examination, there are memory and concentration difficulties. There are patchy decreased sensation in the right hand in the C7 and ulnar nerve distribution. There is also decreased sensation in the anterolateral right thigh. The treatment to date has included physical therapy, aqua therapy, acupuncture, and medications which include Topiramate, Ibuprofen, Trazodone, Celebrex, Flexeril, and Elavil. The utilization review from December 20, 2013 partially certified the request for cognitive behavioral therapy quantity: 8 to cognitive behavioral therapy quantity: 2 because future authorizations will require documented objective evidence of derived functional benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY QUANTITY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

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

**Decision rationale:** As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, the Official Disability Guidelines states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, cognitive behavioral therapy was requested to aid the patient to adapt to chronic symptoms especially pain, sleep disturbance and tinnitus. However, the number of sessions requested exceeds guideline recommendations of an initial trial of 3-4 visits. Additional visits are recommended with evidence of functional improvement. Therefore, the request for cognitive behavioral therapy quantity: 8 is not medically necessary.