

<b>Case Number:</b>	CM14-0102369		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 licensed 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 injured worker is a 47 year old female who reported an injury on 10/11/2011. The mechanism of injury was performing repetitive writing and keyboarding at work. The injured worker's diagnoses included bilateral carpal tunnel, right cubital syndrome and right upper extremity. Prior treatment included physical therapy, occupational therapy, and acupuncture. Diagnostic studies included Nerve conduction studies 2012 revealed evidence of bilateral carpal tunnel syndrome, nerve conduction velocities (NCV) and x-rays. The injured worker underwent right carpal tunnel release on 02/10/2014. The injured worker complained of right neck pain and the upper shoulder remained intermittently painful. The clinical note dated 06/16/2014 reported the injured worker had moderate to severe spasm through bilateral upper trapezius, sternomastoid and scalene muscles. Forward flexion brought the chin to 2 fingerbreadths of the chest. Back bending was 20 degrees, side bending to the right was 10 degrees, and side bending to the left was 10 degrees. Medications included nortriptyline and tramadol. The treatment plan was for the 12 Cognitive Behavioral Therapy Sessions. The rationale for the 12 Cognitive Behavioral Therapy Sessions request was for training her to learn muscle relaxation. The request for authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Cognitive Behavioral Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-102.

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

**Decision rationale:** The request for 12 Cognitive Behavioral Therapy Sessions is not medically necessary. The injured worker complained of right neck pain and the upper shoulder remained intermittently painful. The California MTUS Guidelines recommend an initial trial of 3-4 sessions of psychotherapy and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). Within the provided documentation the requesting physician did not include a psychological assessment with testing scores which demonstrates the injured worker has significant psychological symptoms for which cognitive behavioral therapy is recommended. Therefore, the request is not medically necessary.