

<b>Case Number:</b>	CM14-0153508		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 claimant is 48 year-old female with a date of injury of 9/9/10. The claimant sustained injury while working for [REDACTED]. In his PR-2 report dated 4/15/14, [REDACTED] diagnosed the claimant with: (1) Chronic anterior torticollis; (2) Chronic neck pain, disc disease; (3) Headache with menstrual cycle, re-existing; (4) depression with anxiety, pre-existing; (5) Myofascial pain Sw; (6) Hypothyroidism, non-industrial; and (7) Alleged thelasemia. Further, in a progress note date 8/27/14, [REDACTED] diagnosed the claimant with: (1) Cervical strain and pain; (2) Chronic neck pain; (3) Myofascial pain syndrome; (4) Tension headaches; (5) Bilateral upper extremity paresthesias, left worse than right; and (left scapular paresthesias).

### 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 six weeks with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Behavioral Interventions section; and the Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 101-102; 23.

**Decision rationale:** The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in 2010. She has been treated with conservative measures, but has yet to be treated using psychotherapy. In her 8/27/14 report, the attending physician wrote, "I am requesting psychotherapy basically cognitive behavior therapy once a week for six weeks for the patient to help her coping with chronic pain." The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." The claimant has yet to be evaluated by a psychologist, who will not only offer more specific diagnostic information, but also appropriate treatment recommendations. Without an evaluation, the request for psychotherapy is premature. Additionally, once psychotherapy is recommended, the CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks." It is noted that the claimant received a modified authorization of 4 visits in response to this request. Given these guidelines, the request for "Cognitive behavioral therapy once a week for six weeks with Deborah Miller" is not medically necessary.