

<b>Case Number:</b>	CM14-0159096		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 a 49 year-old female (██████████) with a date of injury of 8/8/08. The claimant sustained injury while working for ██████████. In his progress report dated 5/16/14, ██████████ diagnosed the claimant with: (1) Left upper extremity RSD sequelae to industrial injuries; (2) Bleed over of the neuropathic pain to the right upper extremity with the patient's continued perseveration of somatic symptoms; (3) Short acting opioids; awaiting trial of Gralise in order to taper medications, and urine drug testing is appropriate; (4) History of tachycardia on Elevel; and (5) Disabled. Additionally, in her "Doctor's First Report of Occupational Injury or Illness" dated 7/21/14, Psychologist, ██████████, diagnosed the claimant with Pain Disorder and Adjustment Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments Page(s): 100-101.

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

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain from her injury of August 2008. She has been receiving conservative treatments. In his progress report dated 4/16/14, [REDACTED] wrote, "Please consider this a request for authorization for cognitive behavioral therapy: the patient continues to focus on her painful symptoms and is in need of cognitive behavioral therapy to help her restructure her thinking and reduce the focus on her arms." He reiterated the same concerns in his May 2014 report. The claimant's need for psychotherapy sessions to help her manage her pain is evident from [REDACTED] "Doctor's First Report of Occupational Injury or Illness" dated 7/21/14, however, the request for an initial 6 sessions exceeds the CA MTUS guideline. The guideline recommends an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be necessary. Because of this information, the request for initial "Cognitive Behavioral Therapy for 6 sessions" is not medically necessary.