

<b>Case Number:</b>	CM14-0185908		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 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 54 year-old female [REDACTED] with a date of injury of 2/19/12. The claimant sustained injuries to her right hand, wrist, shoulder, left knee, and spine when she slipped and fell while working as a software release manager for the Department of Industrial Relations. In his PR-2 report dated 11/25/14, [REDACTED] diagnosed the claimant with: (1) Contusion - hand; (2) Sprain/strain, wrist; and (3) Lateral meniscus tear. It is also reported that the claimant developed some psychiatric symptoms secondary to her work-related orthopedic injuries. In her Psychological Evaluation for Cognitive Behavioral Therapy for Chronic Pain report, [REDACTED] diagnosed the claimant with Adjustment Disorder with mixed anxiety and depressed mood. The request under review is for initial psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy, QTY: 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 105-127

**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 has continued to experience chronic pain since her injury in February 2012. She completed an initial psychological evaluation with [REDACTED] in September 2014. IN that report, [REDACTED] recommended that the claimant participate in 6 CBT psychotherapy sessions to help her learn to effectively manage her pain. The request under review is based upon [REDACTED] recommendation. The CA MTUS recommends completing an "initial trial of 3-4 visits over 2 weeks." Given this information, the request for an initial 6 sessions exceeds the recommendation set forth by the CA MTUS. As a result, the request for "Cognitive Behavioral Therapy, QTY: 6" is not medically necessary.