

<b>Case Number:</b>	CM14-0021323		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 49-year-old female who reported an injury on 04/01/2003 due to an unknown mechanism. The clinical note dated 01/14/2014, was handwritten and largely illegible. The injured worker had diagnoses of reflex sympathetic dystrophy of the upper limb, sprain of the wrist and spinal stenosis. The injured worker reported constant neck pain secondary to CRPS and lower back pain that was dull and achy, rated at 10/10. The injured workers right and left upper extremity had continuous tremors. The injured worker had spasms in the cervical spine. The provider recommended a psych consult in regard to the injured workers depression and transportation to and from all medical appointments as well as cognitive behavioral therapy. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION TO AND FROM ALL MEDICAL APPOINTMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria32MedTrans.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation.

**Decision rationale:** The Official Disability Guidelines (ODG) guidelines recommend transportation to and from appointments for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is a lack of evidence in the documentation of the injured worker having significant disability for which transportation would be indicated. In addition, there is a lack of evidence in the documentation to indicate the provider's rationale for the requested transportation. Therefore, the request for transportation to and from all medical appointments is not medically necessary.

**TRIAL OF COGNITIVE BEHAVIORAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS Guidelines recommend psychotherapy. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is recommended. Within the provided documentation there is a lack of documentation indicating the injured worker has significant psychological pathology for which cognitive behavioral therapy would be indicated. The requesting physician did not include an assessment of the injured worker's psychological condition in order to establish a baseline by which improvements over the course of therapy can be assessed. Additionally, the submitted request does not indicate the quantity and frequency of the sessions being requested. As such, the request for trial of Cognitive Behavioral Therapy is not medically necessary.