

<b>Case Number:</b>	CM14-0027554		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with a date of injury of 01/21/2010. The listed diagnoses per [REDACTED] are cervical pain, right shoulder pain and status post anterior cervical discectomy and fusion, date of service 02/19/2010. There is one progress report provided in the medical file. According to 01/25/2014 report by [REDACTED], patient presents with bilateral upper quadrant pain and neck pain. It was noted the patient has completed 10 cognitive behavioral therapies. However, the patient continues with ongoing pain and is depressed. She would like to return to work but patient notes difficulties doing any repetitive motions of the upper quadrant given her pain. The provider indicates the medication simply do not assist her in feeling better or improving her physical condition. The provider recommends 6 more sessions of cognitive behavioral therapy stating "she needs CBT to help her manage pain and return to work." Utilization review denied the request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL THERAPY X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page 23 and ODG Cognitive Behavioral Therapy (CBT) Guidelines.

**Decision rationale:** The patient presents with bilateral upper quadrant pain and neck pain. The provider is requesting additional 6 sessions of cognitive behavioral therapy. The California MTUS Guidelines do recommend identification and reinforcement of coping skills for management of chronic pain. When cognitive behavioral therapy is recommended, it recommends starting with an initial trial of 3 to 4 sessions and with improvement up to 6 to 10 sessions. In this case, the patient has already received 10 sessions and the additional six sessions requested exceeds what is recommended by California MTUS. Furthermore, there is no documentation of improvement with the prior 10 sessions. Therefore, the request is not medically necessary.