

<b>Case Number:</b>	CM14-0029160		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Psychologist and is licensed to practice in Texas. 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 38-year-old female who reported an injury on 11/11/2010. The mechanism of injury was not noted within the documentation submitted for review. The injured worker complained of chronic intractable neck, back, and upper right extremity pain. The injured worker described the pain as a constant aching, sharp, shooting, and throbbing with intermittent flare ups and rated the pain at 5/10. As per clinical note dated 01/07/2014, physical examination of the thoracic spine revealed tenderness to palpation over the thoracic paraspinal muscle and tenderness was noted at multiple trigger points with jump sign and radiation of pain. Physical examination of the right shoulder revealed crepitus was present at glenohumeral joint, range of motion testing noted reduced scapula winging grade at 0 and biceps and impingement test results were positive. Physical examination of the cervical spine noted reduced range of motion and tender in the cervical paravertebral region on the right side. The injured worker's diagnoses include cervical spondylosis, fibromyalgia, joint shoulder pain, carpal tunnel syndrome, enthesopathy of wrist and carpus, cervicgia, and adhesive capsulitis of the shoulder. The injured worker's previous treatments included a medial branch block on 06/11/2013 and radiofrequency lesioning on 11/12/2013 both at the C7-T1 and T1-T2 on the right. The injured worker's medication included fentanyl 50 mcg transdermal patch and oxycodone 50 mg tablet. The provider requested cognitive behavioral therapy 20 sessions for pain management. The request for authorization form and rationale were not included within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy twenty (20) sessions for pain management:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 101-102.

**Decision rationale:** The request for cognitive behavioral therapy 20 sessions for pain management is not medically necessary. The California MTUS guidelines state psychological treatment is recommended for appropriate identified patients during treatment for chronic pain. Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The guidelines further state that the initial therapy for these patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. The California MTUS guidelines also state to consider separate psychotherapy cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone. The recommended initial trial is 3 to 4 psychotherapy visits over 2 weeks then with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks. The injured worker has a history of chronic neck, back, and upper extremity pain, and for previous treatments has had a medial branch block and radiofrequency lesioning on the right. However, there is a lack of documentation to indicate that the injured worker has participated in any physical therapy and subsequently unable to produce functional gains. In addition, there is a lack of documentation to indicate that the injured worker has undergone any cognitive behavioral therapy in previous treatments and any psychological testing and results were not included with the documentation submitted for review. As with the guidelines stating that the initial trial of 3 to 4 psychotherapy visits over 2 weeks and then with evidence of objective functional improvement a total of up to 6 to 10 visits may be allowed, the requested amount of cognitive behavioral therapy sessions exceeds the maximum allowed by the guidelines. Based on the above noting, the request is not medically necessary.