

<b>Case Number:</b>	CM14-0069279		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Psychologist

### 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 44-year-old female who reported an injury on 08/15/2008. A vehicle on the right side reportedly struck the injured worker. Current diagnoses include dysthymic disorder, neuralgia, pain in a joint involving the hand, pain in a joint involving the forearm, pain in a joint involving the shoulder region and chronic pain syndrome. The injured worker presented, on 04/01/2014, for a follow-up evaluation regarding right upper extremity pain, as well as cervical spine pain. The injured worker status was post right shoulder arthroscopy in 2009, revision in 2010 and right cubital tunnel decompression in 2011. A most recent procedure, documented on 03/05/2014, included a right shoulder Mumford procedure. The injured worker reported feelings of sadness related to the condition, recent surgery and functional limitations. The injured worker denied suicidal ideation, however, was quite tearful during the conversation with the provider. Upon examination, the injured worker was utilizing a right arm sling. There were well-healed anterior and posterior shoulder scars. The injured worker was able to rise from a seated position without difficulty. Recommendations at that time included a referral for a pain psychology cognitive behavioral therapy, mindfulness and/or biofeedback for pain related depressive symptoms. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavior Therapy 6 sessions 2 x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions of cognitive behavioral therapy would exceed guideline recommendations. Therefore, the request is not medically appropriate at this time.