

<b>Case Number:</b>	CM15-0001187		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California  
 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 (IW) is a 62 year-old female [REDACTED] with a date of injury of 1/14/2011. The IW sustained injury to her neck and shoulder when she got her foot caught in a cart and she tripped and fell. The IW sustained this injury while working for Directv. The IW has been diagnosed with: Reflex sympatheti syndrome of the upper limb; left wrist sprain/strain; Cervical sprain/strain; and Left shoulder sprain/strain. She has received treatments including medications, physical therapy, chiropractic, injections, and nerve stimulation. It is also reported that the IW developed symptoms of depression and anxiety secondary to her chronic pain. In a psychological evaluation dated 10/31/2014, the IW was diagnosed with Major depressive disorder, NOS and Adjustment disorder with mixed emotional features. In that report, it was recommended that the IW receive 6-12 biobehavioral sessions. The subsequent request for 6-12 biobehavioral sessions was modified by UR on 12/10/2014, in which 4 sessions were approved. The denied request is currently under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-12 Bio-behavioral Treatment Intervention sessions, over 5-6 weeks for left wrist and shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Cognitive therapy for depression

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in January 2011. She has also developed symptoms of depression and anxiety secondary to her chronic pain. She completed a thorough psychological evaluation on 10/31/2014 with [REDACTED]. In that report, it was recommended that the injured worker receive follow-up psychological services. Although the injured worker does appear to require psychological services, the request for an initial 6-12 sessions exceeds the guidelines. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks" for the treatment of chronic pain while the ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. As a result, the request for 6-12 biobehavioral treatment sessions is not medically necessary.