

<b>Case Number:</b>	CM15-0008205		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/30/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 is a female who sustained an industrial injury on August 30, 2009. She has reported pain in the neck and bilateral shoulders. The diagnoses have included cervicobrachial syndrome, chronic pain syndrome, rotator cuff syndrome and adhesive capsulitis shoulder. Treatment to date has included injections, physical therapy, diagnostic studies and medications. Currently, the injured worker complains of pain in the neck described as burning, achy, radiating and pressure. She also complains of bilateral shoulder pain described as achy, shooting, tingling, radiating and numbing. She rated the pain as a 9 on a 1-10 pain scale. The pain is better with rest and worse with bending, moving and rotation. Associated symptoms included difficulty concentrating, lightheadedness and depression. On January 12, 2015 Utilization Review non-certified outpatient cognitive behavioral therapy evaluation and cognitive behavior therapy 4 sessions, noting the CA MTUS Guidelines. On January 14, 2015, the injured worker submitted an application for Independent Medical Review for review of outpatient cognitive behavioral therapy evaluation and cognitive behavior therapy 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cognitive behavioral therapy evaluation and cognitive behavior therapy 4 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluations Page(s): 100-101.

**Decision rationale:** Citation: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam, only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: Although the MTUS guidelines do support the use of psychological evaluation as well as psychological treatment there was insufficient documentation provided with this request to support the medical necessity of it. The entire medical records that were provided consisted of only 19 pages. The utilization review determination and rationale for non-certification was not provided for consideration. The patient was injured in 2009 and is not clear whether or not she has received prior psychological treatment already. This information is needed in order to make a determination on whether psychological treatment is appropriate. It is not clear if she is already had a prior psychological evaluation as well. Without this information medical necessity of the request is not established. In addition, this request is written for an evaluation and cognitive behavioral therapy. After the evaluation is completed than the necessity of cognitive behavioral therapy can be established and not beforehand. This request puts the cart before the horse. Both of these treatment requests may be appropriate and medically necessary for this patient however, it could not be substantiated by the limited documentation provided. Therefore, the utilization review determination is upheld.