

<b>Case Number:</b>	CM15-0146540		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 35-year-old female, who sustained an industrial injury on June 3, 2008. She reported immediate pain in her right wrist and forearm. The injured worker was diagnosed as having right wrist and forearm strain, sprain of the right wrist not otherwise specified and sprain right elbow and forearm not otherwise specified. Treatment to date has included diagnostic studies, medication, physical therapy, cold application, Smart glove, wrist wrap, brace, acupuncture treatment, cognitive behavioral therapy, injection and elbow foam support. Notes stated that she derived good benefit from supportive psychological therapy as well as conservative treatments, including physical therapy and acupuncture treatments. On April 27, 2015, the injured worker complained of severe pain, primarily involving the right dorsal aspect of the hand and wrist and also the dorsal proximal forearm. She reported sleeping poorly secondary to her pain. She also reported depression for several years since developing painful symptoms. She has occasional memory difficulties associated with her depressive symptoms. The treatment plan included an initial evaluation in a functional restoration program, possible future physical therapy and acupuncture treatment, injection therapies into the right upper extremity and medications. On July 3, 2015, Utilization Review modified a request for cognitive behavioral therapy quantity of eight to cognitive behavioral therapy quantity of three, citing California MTUS ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) cognitive behavioral therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for Eight (8) cognitive behavioral therapy sessions. This request is not medically necessary.