

<b>Case Number:</b>	CM15-0162756		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 63 year old female who sustained an industrial injury on 5-2-09. Her initial complaints and the nature of the injury are unavailable for review. The 7-30-15 pain management report indicates that the injured worker has diagnoses of status-post work-related injury with resultant history of complex regional pain syndrome in the right upper extremity and opiate dependence. It indicates that she is no longer receiving opiate medications. Other diagnoses include right C8 and T1 motor radiculopathy, as well as weight gain. Her complaints on that visit were that she was "having a lot of difficulty with sleep over the last month". She reported that her "arm feels hot and burning and tingling". She was noted to be receiving acupuncture sessions and H-wave treatments. She was very concerned about weight gain, indicating that she is diligent about measuring her food and keeping track of caloric intake. Her weight was noted to be "over 20 pounds" higher than approximately one year ago. Her treatment plan was noted to include starting Effexor XR for neuropathic pain, request eight sessions of psychological support, psychological education, and cognitive behavioral therapy due to chronic pain syndrome, and to have her follow up with her primary care provider regarding her weight issues "to see if the glipizide is the key factor in her weight gain". The report indicates that "it is recommended that she see an endocrinologist".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological support/education/CBT x 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 19-23.

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

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2009. According to the RFA dated 7/30/25, the injured worker has been diagnosed with a pain disorder. According to a February letter written by treating therapist, [REDACTED], the injured worker completed 12 psychotherapy sessions between 10/31/14 through 2/26/15. It appears that an additional 5 sessions were completed between 3/26/15 through 4/23/15. Unfortunately, the progress notes from the 5 latest sessions are difficult to read. As a result, it is unclear whether the injured worker was being treated for a pain disorder or for psychiatric symptoms such as depression and anxiety. Additionally, the number of total completed sessions to date could not be confirmed nor whether the injured worker had made any consistent progress or improvements from the sessions. As a result, the need for an additional 8 psychotherapy sessions cannot be determined. Therefore, the request is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 psychotherapy sessions in response to this request.