

<b>Case Number:</b>	CM15-0162759		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/24/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/07/2015
<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 45 year old female, who sustained an industrial injury on 2-24-15. She reported pain in her neck after she was rear-ended. The injured worker was diagnosed as having cervical facet syndrome with overlying myofascial pain and associated cervicogenic and migrainous headaches. Treatment to date has included physical therapy, Cymbalta, Cyclobenzaprine and Naproxen. On 5-14-15, the treating physician noted a PHQ-9 score of 9 out of 30, indicating minimal depression. The injured worker rated her cervical pain 7 out of 10. As of the PR2 dated 7-31-15, the injured worker reports feeling frustrated with denial of a cervical medial branch block. She continues to work in a modified capacity. The treating physician noted the PHQ-9 score is 5 out of 30. Objective findings include cervical flexion is 5 degrees, extension is 10 degrees and rotation is 65 degrees bilaterally with negative Spurling's maneuver. The treating physician requested cognitive behavioral therapy sessions x 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral Interventions, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in February 2015. In a progress note date 7/31/15, treating physician, [REDACTED] recommended an initial course of 8 psychotherapy sessions with [REDACTED] to learn coping and relaxation skills. The request under review is based on this recommendation. The ODG recommends psychological treatment and behavioral interventions in the treatment of chronic pain. However, the injured worker has yet to complete a psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without this information, the request for psychotherapy sessions is premature. As a result, the request for 8 CBT sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.