

<b>Case Number:</b>	CM15-0187940		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/22/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 9-22-04. The medical records indicate that the injured worker is being treated for status post left carpal tunnel release with persistent pain and numbness in the left upper extremity; right upper extremity repetitive stress injury; diabetes; low back pain; sciatica. She currently (9-8-15) complains of bilateral upper extremity pain. Her pain level was 10 out of 10. Her pain level has been 10 out of 10 since 6-9-15 documentation. She is not on medications as they have not been approved. The treating provider is recommending cognitive behavioral therapy regarding adjustment to pain. Physical exam (4-7-15 through 9-8-15) noted both upper extremities without swelling. Treatments to date included medications: past Neurontin, hydrocodone, Cymbalta. The request for authorization dated 7-1-15 was for 6 cognitive behavioral therapy sessions. On 9-11-15, Utilization Review, non-certified the request for cognitive behavioral therapy, 6 sessions and modified to 1 session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT (Cognitive Behavioral Therapy) x6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2004. In the 7/7/15 progress report, ■■■ recommended 6 CBT sessions to help the injured worker "adjust to pain." The request under review is based on this recommendation. At this time, the injured worker has yet to complete a thorough psychological evaluation that will not only offer specific diagnostic information, but appropriate treatment recommendations as well. Without having had an evaluation already completed, the request for services is premature. As a result, the request for 6 initial CBT sessions is not medically necessary. It is noted that the injured worker was authorized for 1 session/evaluation only in response to this request.