

<b>Case Number:</b>	CM15-0021453		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 33 year old female who sustained an industrial injury on 06/05/2014. Current diagnoses include lumbar rule out degenerative disc disease, cervical rule out degenerative disc disease, shoulder strain/sprain, myofascial pain, cervical radiculopathy, and thyroid/cardiomegaly. Previous treatments included medication management, acupuncture, physical therapy, and TENS. Report dated 02/09/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the left upper extremity with numbness and tingling, and sometimes feels weakness and heaviness in her left arm. Physical examination was positive for abnormal findings. Utilization review performed on 01/16/2015 non-certified a prescription for trial of cognitive behavioral therapy times 4-6 visits, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS/ACOEM/Official disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy trial x 4-6 visits:** Upheld

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

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

**Decision rationale:** The limited medical records submitted for review, fails to document the rationale for the requested services. Although it is written that the injured worker "reports she is depressed and anxious due to injury", there is no other mention of any psychological impairments nor symptoms that are interfering with her recovery. In fact, there are no medical records included for review from the requesting party. Without any information to substantiate the request, the request for 4 sessions of CBT is not medically necessary.