

<b>Case Number:</b>	CM15-0021993		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 60 year old female, who sustained an industrial injury on 6/12/2012. The diagnoses have included adjustment disorder, unspecified, and sleep disorder due to pain, insomnia type. Treatment to date has included physical therapy and EMG (electromyography)/NCV (nerve conduction studies). Currently, the IW complains of chronic left shoulder pain with decreased range of motion and weakness. She reports numbness and tingling in the bilateral hands. She reports feeling stressed and guilty for the loss of strength in her arm. She reports having difficulty adjusting to pain and struggling with a loss of independence. Objective findings included guarding, spasm and tenderness over the paraspinal muscles of the cervical spine. There is decreased range of motion on flexion and extension. Phalen's test is positive bilaterally. There is tenderness to palpation over the medial and lateral epicondyles. She appears anxious, depressed euthymic. On 1/06/2015, Utilization Review non-certified a request for relaxation training x 4 sessions and cognitive behavioral therapy x 4 sessions noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 2/05/2015, the injured worker submitted an application for IMR for review of relaxation training x 4 sessions and cognitive behavioral therapy x 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT), 4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy.

**Decision rationale:** Based on the review of the limited medical records submitted, the injured worker continues to experience psychiatric symptoms. It appears that the injured worker has been receiving psychotherapy with [REDACTED]. Unfortunately, neither of the PR-2 reports submitted by [REDACTED] (dated 9/30/14 & 11/24/14) offer any information regarding the number of completed sessions to date nor the objective functional improvements made from those sessions. Without this information, the need for any additional sessions cannot be fully determined. As a result, the request for an additional 4 CBT sessions is not medically necessary.

**4 Sessions of relaxation training:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stress Management Techniques.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** Based on the review of the limited medical records submitted, the injured worker continues to experience psychiatric symptoms. It appears that the injured worker has been receiving psychotherapy with [REDACTED]. Unfortunately, neither of the PR-2 reports submitted by [REDACTED] (dated 9/30/14 & 11/24/14) offer any information regarding the services completed. It is unclear as to whether the injured worker has been receiving relaxation training sessions and if so, the progress made from those sessions. The purpose of relaxation sessions in addition to CBT psychotherapy is not adequately documented as well. As a result, the request for 4 sessions of relaxation training is not medically necessary.