

<b>Case Number:</b>	CM15-0212976		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 61 year old female, who sustained an industrial injury on 2-27-2012. The injured worker was diagnosed as having chronic migraine, cervical facet arthropathy, right rotator cuff tendinitis, osteoarthritis of the left thumb, and right forearm swelling. Treatment to date has included diagnostics, right shoulder surgery in 2013, cervical medial branch block, acupuncture, and medications. On 10-07-2015, the injured worker complains of headache, neck pain, right shoulder pain, left thumb pain, and right forearm swelling. She reported that she had been unable to sleep and her headaches had gotten worse. She did not get her Nortriptyline refilled, affecting her pain and sleep, and was also waiting for her Cambia to be filled. She was currently on Voltaren gel and Topamax. She was not working. Objective findings on evaluation of the head noted muscle spasm, tenderness where she buckles at the knees with gentle touch of the cervical and trapezius musculature, tenderness over the mastoid process and generalized tenderness over the head. The treating physician recommended "her psychologist to see help her with coping skills". The Request for Authorization dated 10-08-2015 noted psychologist for cognitive behavior therapy. It was unclear if the injured worker had previous psychological evaluation (requested 12-2014) and any treatment. On 10-16-2015 Utilization Review non-certified a request for cognitive behavioral therapy (unspecified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy (unspecified quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 2012. In a December 2014 progress report, treating physician, [REDACTED], recommended that the injured worker be seen by a psychologist. According to the UR determination letter, the injured worker was authorized for psychological services. However, it does not appear that the injured worker ever received any psychological services following [REDACTED] recommendation and insurance authorization. The request under review is for an unspecified quantity of CBT sessions, and is based on [REDACTED] October 2015 recommendation. In the treatment of chronic pain, the CA MTUS supports the use of psychological treatment. It recommends that an initial evaluation be conducted prior to commencement of treatment. The evaluation is pertinent in that it not only offers specific diagnostic information, but appropriate treatment recommendations as well. Without having had an evaluation, the request for treatment is premature. Additionally, the request is too vague as it does not indicate a specific number of sessions. As a result, the request for CBT is not medically necessary.