

<b>Case Number:</b>	CM15-0044533		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old female, who sustained an industrial injury on 8/20/2012. She has reported a trip and fall injuring the right foot, right middle toe, and left shoulder. The diagnoses have included depression, anxiety, and chronic pain. Treatment to date has included medication therapy, nerve block injection, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture and physical therapy. Currently, the IW complains of being unable to walk for significant length of time due to pain. The psychological examination from 1/30/15 documented failure of conservative and intervention procedures, results of psychological testing, indicated a decline in psychological and behavioral functional capacities. The plan of care included cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Visits of Cognitive Behavioral Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 12.

**Decision rationale:** MTUS does support cognitive behavioral therapy as part of management of chronic or refractory pain situations. However, MTUS recommends an initial 4 visits of CBT in order to assess patient initial response to this treatment. The records do not provide a rationale instead for 12 visits as have been requested currently. This request is not medically necessary.

**4 Visits of Medication Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387 & 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation / 127.

**Decision rationale:** ACOEM recommends consultation when additional expertise may assist with patient care. An initial physician review acknowledges the severity of mental health diagnoses in this case and opines that medical consultation may be helpful in this case but supports only 1 initial visit, with subsequent reassessment. In this case given the chronicity and severity of the patient's mental health diagnoses, ongoing treatment is likely to be indicated. Thus, the initial request is consistent with MTUS treatment guidelines. This request is medically necessary.