

<b>Case Number:</b>	CM15-0052581		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63-year-old female sustained an industrial injury to bilateral shoulders on 1/31/08. Previous treatment included magnetic resonance imaging, rotator cuff repair and medications. In a PR-2 dated 2/27/15, the injured worker complained of intermittent bilateral shoulder pain, rated 4/10 on the visual analog scale, associated with headaches, joint pain, insomnia and stress. The injured worker stated that she was discouraged and frustrated by ongoing pain. The injured worker was tearful during the appointment. Current diagnoses included rotator cuff syndrome, chronic pain syndrome and myofascial pain. The treatment plan included proceeding with acupuncture, continuing Norco, a trial of Vistaril and requesting authorization for a psychological evaluation and 4 sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior therapy, 4 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations/treatment Page(s): 100/101. Decision based on Non-MTUS Citation Official Disability Guidelines Mental and Stress - Cognitive Therapy.

**Decision rationale:** Both MTUS and ODG Guidelines support the use of psychological interventions for chronic pain disorders. ODG provides the most detail regarding a reasonable amount of treatment. The Guidelines suggest that a trial of up to 6 sessions is reasonable to establish the benefits for a particular individual. This request is consistent with Guidelines, the Cognitive Behavioral Therapy 4 sessions is medically necessary.