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| <b>Case Number:</b>   | CM14-0161166 |                              |            |
| <b>Date Assigned:</b> | 10/06/2014   | <b>Date of Injury:</b>       | 03/22/2007 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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 3/22/07. She has reported that a student drove a bike into the left side of her knee causing it to twist and she had immediate pain. The diagnoses have included peroneal nerve damage, ankle/foot pain, and Complex Regional Pain Syndrome (CRPS). Surgery included peroneal nerve release surgery on 6/2/08. Treatment to date has included medications, acupuncture, surgery, psychiatric, pain specialist, and cognitive behavioral therapy. Currently, as per the physician progress note dated 8/11/14, the injured worker complains of chronic sharp, aching, burning, throbbing and shooting pain left leg. She rates the pain 9/10 on pain scale and was requesting early re-fills on medications. The current medications included Anaprox, Veniafaxine, Salonpas, Ibuprofen, Hydrocodone, Pennsaid, Ambien, and Lidoderm patch, Vicodin, Naproxen, Lunesta and Lyrica. Physical exam revealed abnormal decreased on the left with allodynia, hypersensitivity, and hyperalgesia left ankle. The physician noted that the injured worker presented with chronic pain left lower extremity secondary to industrial injury. There was decreased range of motion was noted. The injured worker is not interested in dorsal column stimulator at this time. It was noted that she was frustrated and has developed depression and insomnia as a result of the chronic pain syndrome. The physician requested treatment included Cognitive Behavioral Therapy x 10 sessions to help develop coping skills for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy x 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of her work-related orthopedic injuries and has developed psychiatric symptoms secondary to her chronic pain. It is due to these symptoms that her treating physician recommended CBT and submitted the request under review. Unfortunately, the injured worker has yet to have a thorough psychological evaluation completed that not only would offer specific diagnostic information, but offer appropriate treatment recommendations as well. Additionally, the request for an initial 10 psychotherapy sessions exceeds the recommended number of initial sessions set forth by the CA MTUS. It is noted that the injured worker received a modified authorization for 4 CBT sessions in response to this request. As a result, the request for 10 CBT sessions is not medically necessary.