

<b>Case Number:</b>	CM15-0017350		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/19/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas

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 32-year-old male who reported injury on 04/19/2008. The mechanism of injury was repetitive meat cutting duties. The injured worker's diagnoses included major depressive disorder, single episode, moderate, polysubstance dependence (alcohol, marijuana), ADHD, and a reading disorder. The most recent documentation submitted for review was dated 07/30/2014, and it indicated the injured worker's medications helped and he was functional while taking the medications. The physical examination revealed the injured worker had a positive Neer's and Hawkins and there was tenderness in the right upper extremity compared to the contralateral side. The injured worker was noted to be status post shoulder surgery x3. The medications included Norco 10/325 one by mouth q. 8 hours as needed #90, oxycodone 80 mg 1 by mouth 2 times a day, and Lidoderm 5% patch q. 12 hours on and off for local application. Additionally, the treatment plan and discussion included weight reduction, healthy diet, and joining a gym. There was no psychological information submitted for review, and there was a lack of documented rationale and there was a lack of Request for Authorization for the requested behavioral sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional cognitive behavioral sessions, over 12 weeks (biweekly) for psyche:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend cognitive behavioral therapy with evidence of objective functional improvement for a total of up to 6 to 10 visits. The clinical documentation submitted for review indicated the injured worker had attended cognitive behavioral therapy. There was a lack of documentation indicating a necessity for 6 additional sessions. There was a lack of documentation indicating the injured worker's objective functional benefit from the prior cognitive behavioral sessions. Given the above, the request for 6 additional cognitive behavioral sessions, over 12 weeks (biweekly) for psyche is not medically necessary.