

<b>Case Number:</b>	CM15-0114826		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 72 year old female with an industrial injury dated 06/15/2003. The injured worker's diagnoses include pain in the joint, shoulder region. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/13/2015, the injured worker reported jaw pain. Objective findings revealed normotensive, frustration, in some distress with limited range of motion of bilateral upper extremity at shoulders and tenderness over proximal/forearm. The treating physician prescribed services for cognitive behavioral therapy now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive behavioral therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with treating psychologist, [REDACTED], in November 2012. It appears that [REDACTED] provided consistent psychotherapy to the injured worker until at least August 2014 for an unknown number of total sessions. Unfortunately, there are only 2 progress reports included for review from [REDACTED] dated 6/26/14 and 8/13/14. Although the report from August 2014 indicates session number 10 of an authorized 10, this does not include any previously authorized sessions. Additionally, the progress noted is limited and there does not appear to be any treatment plan changes to accommodate the minimal progress to date. In the treatment of chronic pain, the CA MTUS recommends a total of 10 psychotherapy sessions whereas in the treatment of psychological issues, the ODG recommends up to 13-20 visits, if progress is being made. As a result of the lack of information regarding the number of completed sessions to date (especially within the past year) as well as the limited progress and improvements noted, the need for additional treatment cannot be fully determined. As a result, the request for additional cognitive behavioral therapy is not medically necessary.