

<b>Case Number:</b>	CM15-0127758		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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:

This 57 year old female sustained an industrial injury on 8/15/08. She subsequently reported multiple areas of injury and pain. Diagnoses include sprains and strains of the hip and thigh, lumbago and injury to wrist. Treatments to date include injections, cognitive therapy and prescription pain medications. There were no cognitive therapy notes in the case file. The injured worker continues to experience back pain and right leg pain. Upon examination, there was tenderness to palpation throughout the upper extremities, neck, upper and lower back, hips and lower extremities. Decreased ranges of motion were noted. A request for Additional 4 sessions of cognitive behavioral training (CBT) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 4 sessions of cognitive behavioral training (CBT): Upheld**

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

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

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in 2008. It also appears that the injured worker has developed psychiatric symptoms secondary to her chronic pain. Per the UR determination letter, the injured worker was authorized for an initial 4 psychotherapy sessions and began services with psychologist, ██████████ in June 2015. The request under review is for an additional 4 psychotherapy sessions. Unfortunately, none of ██████████ reports or progress notes were included for review. Without relevant records pertaining to the injured worker's psychiatric symptoms and completed treatments, the need for any additional services cannot be determined. As a result, the request for an additional 4 psychotherapy sessions is not medically necessary.