

<b>Case Number:</b>	CM15-0046463		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 57 year old female, who sustained an industrial injury on February 26, 2012. The injured worker was diagnosed as having wrist pain, complex regional pain syndrome and chronic pain syndrome. Treatment and diagnostic studies to date have included multiple wrist and hand surgeries, medication and cognitive behavioral therapy. A progress note dated February 6, 2015 the injured worker complains of worsening continued extreme pain in both hands causing anxiety and depression. She reports becoming easily frustrated and irritable. She cannot perform activities of daily living (ADL) and is dependent on her husband. She is waiting to see a hand specialist. Recommendation is for her to see a physical therapist and for 8 more cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual therapy, CBT bi-monthly for eight (8) visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT) Page(s): 23.

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

**Decision rationale:** Individual therapy, CBT bi-monthly for eight (8) visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that for CBT with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The documentation indicates that the patient has exceeded the recommended number of cognitive behavioral sessions already. There are no extenuating factors which would necessitate 8 more visits. At this point, the patient should be independent in pain coping strategies and therefore this request is not medically necessary.