

<b>Case Number:</b>	CM14-0148691		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old female who reported an injury on 01/13/2010. The mechanism of injury was not stated. Current diagnoses include neck pain, thoracic spine pain, lumbar pain, left knee pain, depression with anxiety, left C5 radiculopathy, and mild right carpal tunnel syndrome. The injured worker was evaluated on 08/19/2014. Previous conservative treatment is noted to include medication management and TENS therapy. The injured worker presented with complaints of swelling at the left side of the neck as well as left knee pain. The current medication regimen includes Percocet, Relafen, Cymbalta, Zanaflex, and baclofen. The physical examination revealed tenderness to palpation of the medial aspect of the left knee and a limping gait. Treatment recommendations at that time included 10 sessions of cognitive behavioral therapy. A Request for Authorization Form was then submitted on 08/27/2014 for cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of Cognitive Behavioral Therapy with Psychologist between 8/19/2014 and 10/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Cognitive Behavioral Therapy (CBT) for chronic pain

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

**Decision rationale:** The California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has previously participated in individual psychotherapy. However, there was no documentation of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate. There is also no mention of any psychological complaints, nor evidence of a psychological examination. As the medical necessity has not been established, the current request cannot be determined as medically appropriate at this time.