

<b>Case Number:</b>	CM13-0015424		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Board Certified in Psychology and is licensed to practice in California. 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of March 29, 2008. Treatment to date has included medications including psychopharmacological treatment and 12 individual behavioral pain management sessions. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain with sciatic symptoms, with a pain level of 2-3/10, associated with leg pain, with a level of 2/10. The patient also complained of stress, irritability, and sleep difficulties. On mental status examination, he was alert and oriented, well dressed and groomed, cooperative, with good eye contact. He had fluent speech and was euthymic. He was linear and logical and was goal-directed. He had the tendency to be hypervocal but not manic or psychotic. He had no suicidal or homicidal ideations. His insight was limited and judgement was fair. Cognition was grossly intact. Utilization review from July 23, 2013 denied the request for Continued Cognitive Behavioral therapy 2 X 3 because the patient's psychological care has already exceeded the guidelines; and re-evaluation after treatment is completed because psychological re-evaluation is considered an integral component of psychological treatment and would not be considered a medically necessary separate billable procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED COGNITIVE BEHAVIORAL THERAPY 2 TIMES 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College Of Occupational And Environmental Medicine (ACOEM), Occupational Medicine Practice Guideleines Plus, Cognitive Techniques And Therapy Chapter, page(s) 105-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): (s) 19-23.

**Decision rationale:** According to pages 19-23 of the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend a total of 6-10 visits over 5-6 weeks with evidence of functional improvement. In this case, the patient has completed 12 sessions of psychological treatment but there were no objective evidence of functional improvement indicated in the medical records. Furthermore, the patient has already exceeded the total number of recommended visits. There is no clear indication for continued psychotherapy; therefore, the request for Continued Cognitive Behavioral Therapy 2 times 3 is not medically necessary.

**RE-EVALUATION AFTER THERAPY IS COMPLETED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College Of Occupational And Environmental Medicine (ACOEM), Occupational Medicine Practice Guideleines Plus, Cognitive Techniques And Therapy Chapter, page(s) 105-127.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This request is dependent on the first request stated above. Since the request for Continued Cognitive Behavioral Therapy 2 times 3 was deemed not medically necessary; then the request for Re-Evaluation After Therapy Is Completed is also not medically necessary.