

<b>Case Number:</b>	CM13-0017973		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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.

### 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 patient is a male with a DOI of 5/3/2007. The patient is being treated for chronic back pain. He has completed 15 sessions of individual therapy and the psychologist has recommended 24 sessions of group CBT. The reports indicate the patient has been inconsistent with his therapy due to LBP. Exam on 10/4/13 states the patient is sweating on the exam table due to pain, he walks with a cane and has decreased sensation in the S1 nerve distribution. The PTP is recommending laminectomy and posterior spinal fusion. There is a positive UDS 8/5/2013 for meprobamate, oxymorphone, oxycodone, benzodiazepines. The records available for review include a note stating the psychologist will be the PTP and the initial report indicating the patient will benefit from a short course of CBT. There are no notes available for review regarding the 15 sessions of CBT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 cognitive behavioral psychotherapy and group therapy for symptoms of depression once a week for 24 weeks related to lumbar injury as outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back: Table 2, Summary for Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back%20Table%20Summary%20for%20Recommendations%20Low%20Back%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**Decision rationale:** MTUS recommends psychological treatment for chronic pain. Guidelines further state that an initial course of therapy should show improvement. MTUS incorporates ODG criteria for CBT. ODG states that 13-20 sessions may be appropriate if the patient shows progress with initial care. This patient has had 15 sessions already of individual therapy. Guides suggest up to 50 sessions for patients with severe issues. The PTP does not discuss any severe issues in his initial report and there are no subsequent reports available that indicate these issues. Therefore, there is no indication for the additional 24 sessions. In addition, there would need to be an initial course of therapy to evaluate progress, therefore 24 sessions would not be appropriate.