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| <b>Case Number:</b>   | CM13-0025018 |                              |            |
| <b>Date Assigned:</b> | 11/20/2013   | <b>Date of Injury:</b>       | 07/10/2006 |
| <b>Decision Date:</b> | 01/22/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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 a 72 year old, female who sustained a work injury on 07/10/2006. She is diagnosed with chronic lower back pain, psycho emotional stress, and anxiety related disorders. [REDACTED] notes on his progress report dated 08/22/2013 that the patient has experienced increased lower back pain with recent travel, and he notes her mood is "bright." He requests Cognitive-Behavioral Therapy (CBT) and refers back to a Qualified Medical Evaluator (QME) report which initially made the recommendation. He also requests additional 6 acupuncture visits . The Utilization Review (UR) decision, dated 09/10/2013, denied both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy. QTY 25.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive-Behavioral Therapy (CBT), Psychological evaluations. Pag.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines , Cognitive Behavioral Therapy (CBT).

**Decision rationale:** Patient is diagnosed with chronic lower back pain, psycho emotional stress and anxiety related disorders. [REDACTED] notes on his progress report dated 08/22/2013 that the patient has experienced an increase in lower back pain with recent travel and notes her mood is "bright." He requests 25 sessions of Cognitive Behavioral Therapy and refers back to a QME report (12/28/12) that initially recommended this course of treatment. MTUS guidelines do recommend identification and reinforcement of coping skills for management of chronic pain, but are silent on the length of treatment for CBT alone. The ODG guidelines for CBT recommend starting with an initial trial of 3-4 sessions, and with improvement, up to 6-10 sessions. The current request of 25 sessions exceeds what is recommended by MTUS/(ODG) Official Disability Guidelines.

**Acupuncture Therapy. QTY 6.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Acupuncture Guidelines.

**Decision rationale:** The patient is a 72 year old female who sustained a work injury on 07/10/2006. The patient is diagnosed with chronic lower back pain, psycho emotional stress and anxiety related disorders. [REDACTED] notes on his progress report dated 08/22/2013 that the patient has experienced increased lower back pain with recent travel and notes her mood is "bright." Acupuncture guidelines recommend initial trial of 3-4 visits over 2 weeks, and with evidence of functional improvement, therapy may be extended another 4 visits. It was noted that patient has received 4 prior acupuncture sessions, but there is no evidence of objective functional improvement to warrant additional sessions.