

<b>Case Number:</b>	CM13-0028011		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 & 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:

This is a 40 year-old female who was injured on 10/29/10. She has been diagnosed with chronic pain syndrome. On 8/26/13, [REDACTED] UR denied continued cognitive behavioral therapy 1x4, and allowed a multidisciplinary evaluation, and denied the enrollment in a multidisciplinary pain rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued cognitive behavioral therapy (4 sessions):** Upheld

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

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

**Decision rationale:** According to the 8/2/13 report from [REDACTED], the patient presents with chronic pain including sleep issues, irritable bowel, depression and anxiety. She has completed 4 sessions of CBT but has not improved significantly. [REDACTED] states the patient is now a candidate for the multidisciplinary evaluation and admission to a multidisciplinary pain rehab program. While awaiting approval for the multidisciplinary evaluation, the patient should remain

in the program of ongoing CBT, and 4 additional sessions were requested. MTUS states there should be an initial trial of 3-4 CBT sessions and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. There was no objective functional improvement reported with the initial 4 sessions. MTUS does not recommend continuing CBT without objective evidence of functional improvement. The request is not in accordance with MTUS guidelines.

**Enrollment in a multidisciplinary pain program (20 days): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Programs Page(s): 30-32.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Guidelines states that in order for a chronic pain program to be considered medically necessary, the patient must meet all of six indicated criteria. According to the documentation provided for review, the patient only meets the first of these criteria, being that she has failed previous methods of treating chronic pain. Other criteria including exhibited motivation to change, and willingness to forego secondary gains, including disability payments to effect this change and addressing the negative predictor of success. Without all of these criteria being met, the enrollment in the program is not considered medically necessary.