

<b>Case Number:</b>	CM13-0035915		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 and is licensed to practice in New York and 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 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 55-year-old male who reported a work related injury on 02/07/2011, specific mechanism of injury not stated. The patient presents status post a C5-6 total disc arthroplasty performed in 2013. The provider documents the patient reports continued neck and right upper extremity pain with associated burning sensation to the right 2nd and 3rd fingers. The patient is enrolled in a work hardening program. The provider documents the patient rate of pain is a 5/10 with utilization of his right upper extremity. The provider documented upon physical exam of the patient, he is alert and oriented in mild distress and cognitively intact. The patient's PHQ-9 score was 10 out of 30 indicating mild depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 2x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical notes documented the patient objectively presented with mild depression. However, the clinical notes did not indicate

lower levels of conservative treatment attempted prior to the requested individual psychotherapy sessions. In addition, the clinical notes failed to document duration or specifics of the patient's symptomatology. California MTUS supports cognitive behavioral therapy interventions for chronic pain patients with risk factors for delayed recovery including fear avoidance beliefs. Given the lack of all the above, the request for cognitive behavioral therapy 2x2 is not medically necessary or appropriate.