

<b>Case Number:</b>	CM13-0046414		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the files provided for this independent medical review, this patient is a 48 year old male who reported an occupational/industrial work-related injury on June 20, 2012. At this time the patient had been working his normal course of duties as a gardener for [REDACTED] which included lifting heavy trash bins when he felt sudden pain in his low back, which now radiates down both of his legs. The patient has been diagnosed with chronic lumbar strain, hypertension, sleep disturbance due to chronic pain symptoms, and spondylitis. The patient has been prescribed Norco for pain and despite conventional treatment in multiple modalities he continues to report chronic lumbar spinal pain. It is noted that the pain is in his low back and bilateral leg numbness with moderate symptoms that are described as throbbing, pins and needles, numbness and tingling and he feels it every day. There was very little information on his psychological symptoms provided. An assessment of his psychological condition (11/2012) states that he denied having any of the following symptoms: depression, nervousness, and mood swings and sleep disturbances. However, in contrast, a report from October 2013 notes persistent depression and agitation. A request was made for cognitive behavioral psychotherapy 13 sessions as needed for 3 months was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIOR PSYCHOTHERAPY, THIRTEEN SESSIONS AS NEEDED FOR THREE MONTHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress  
Chapter.

**Decision rationale:** The records provided for review indicate that the patient has been participating in a course of cognitive-behavioral psychotherapy that included separate stress reduction and biofeedback therapy components. However, no progress notes from any of this treatment were provided although a summary of the treatment was included for this review. Missing is the critically important number of sessions that the patient has had to date. Without this information it is difficult to assess if the treatment requested conforms to the Official Disability Guidelines (ODG). It is stated that the functional improvements were derived from the treatment as follows: reduced anxiety, depression, and sleep disturbance as well as multiple stress related medical complaints, and improvements in social functioning, less defensiveness, and less short-tempered with overall reduced stress, tension, and insomnia. There have is also improved interest in daily activities of self-maintenance and home care as well as concentration and energy level. But that he is still symptomatic and having continued symptoms of persistent depression, agitation anxiety, and insomnia. The progress notes do suggest that a minimum of 6 sessions have been given already. The ODG states that for cognitive behavioral therapy an initial block of 3-4 sessions can be tried and that, with functional improvement, an additional 6-7 sessions can be offered up to a maximum of 10 sessions. Given that the patient has already had a block of treatment and that the duration, frequency, progress notes and number of sessions was not provided, the request for 13 additional sessions cannot be found as medically necessary.