

<b>Case Number:</b>	CM13-0056064		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Family Practice and is licensed to practice in 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 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:

The injured worker is a 39-year-old male who reported an injury on 07/30/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the cervical and lumbar spine. The injured worker's treatment history included a multilevel fusion of the lumbar spine, epidural steroid injections, physical therapy, medications, and psychological support. The injured worker was evaluated on 10/17/2013 and it was documented that the patient had cervical spine and lumbar spine tenderness. Decreased sensation in the C5-6 distribution with 2/4 deep tendon reflexes of the bilateral upper extremities and 5-/5 motor strength was documented. Evaluation of the lumbar spine documented the patient had restricted range of motion with 4+/5 motor strength of the bilateral lower extremities with a decreased sensation in the L5-S1 distribution with 1/4 Achilles deep tendon reflexes and 2/4 patella reflexes bilaterally. On 10/21/2013, the injured worker was evaluated and it was documented that the patient had no new psychological complaints. The patient's diagnoses included hypertension, insomnia, and anxiety. The injured worker's treatment plan included biofeedback therapy. The clinical documentation failed to provide a justification for the request from the ordering physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY X4:** 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 Behavioral Interventions Page(s): 23.

**Decision rationale:** The requested cognitive behavioral therapy X 4 is not medically necessary or appropriate. The clinical documentation submitted for review did not provide any evidence that the injured worker has a history of cognitive behavioral therapy treatments. The California Medical Treatment Utilization Schedule additional cognitive behavioral therapy be based on objective functional improvements to prior therapy. The clinical does support that the patient has received prior therapy; however the efficacy of that therapy was not provided to support further treatment. As such, the requested cognitive behavioral therapy X 4 is not medically necessary or appropriate.