

<b>Case Number:</b>	CM13-0061202		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Psychology 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 24-year-old female who reported an injury on 05/18/2010 due to slipping on some stairs and falling on her back. Diagnoses were chronic lumbar discogenic pain, fibromyalgia, and depression. Past treatments were medications, physical therapy, and psychiatric and psychoanalysis treatment. Diagnostic studies included x-rays and MRI of the low back. Surgical history was not reported. Physical examination on 06/05/2013 revealed physical therapy was of some benefit for the patient. Lower extremity pain was less significant. Objective findings revealed residual tenderness of the lumbar spine. Medications for the injured worker were Naproxen, Soma, and Xanax. The treatment plan was for cognitive behavioral therapy of 16 sessions. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY (16 SESSIONS):** Upheld

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

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

**Decision rationale:** The Request for Cognitive Behavioral Therapy is not medically necessary. The request for cognitive behavioral therapies is recommended for appropriately identified patients during treatment for chronic pain. The California Medical Treatment Utilization Schedule states to screen patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker has taken a MMPI-II test that did not show exaggeration of symptoms. The guidelines support an initial trial of 3-4 visits over 2 weeks with up to 6-10 sessions if objective improvement is seen. Although the injured worker would benefit from cognitive behavioral therapy, the request submitted exceeds the recommended guideline recommendations for trial. Therefore, the request is not medically necessary.