

<b>Case Number:</b>	CM13-0066645		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported injury on 01/16/2013. The mechanism of injury was the injured worker was walking into a walk-in freezer to get a bucket of fresh water when he bent over to lift the bucket he felt a pop in his lower back. The documentation of 11/01/2013 revealed the injured worker had low back pain radiating into the left leg with numbness and tingling intermittently. It was indicated he completed physical therapy and acupuncture helped with pain. The injured worker indicated he felt depressed due to pain and could not play with his daughter due to pain. The diagnoses included lower back pain, extremity lower and upper pain, and lumbar radiculopathy. The treatment included depression screening of Patient Health Questionnaire (PHQ-9 equals 10, FABQ (Fear Avoidance Beliefs Questionnaire regarding activities) equals 15, FABQ-W (Fear Avoidance Beliefs Questionnaire regarding work) equals 30 which equals moderate depression. The request was made for cognitive behavioral therapy x10 sessions, continue acupuncture, utilize exercise and a transcutaneous electrical nerve stimulation (TENS) unit, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL THERAPY TIMES 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Cognitive Behavioral Therapy, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT). pg. 23.

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

**Decision rationale:** The California MTUS Guidelines recommend behavioral interventions and cognitive behavioral therapy should be considered if the injured worker had 4 weeks of lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks in individual sessions would be appropriate. The clinical documentation submitted for review indicated the injured worker had participated in physical therapy and continued to have symptoms. The request, however, for 10 visits exceeds guideline recommendations for initial cognitive behavioral therapy. Given the above, the request for cognitive behavioral therapy times 10 is not medically necessary.