

<b>Case Number:</b>	CM13-0069933		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Psychiatry 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 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 67 year old male with date of injury 7/13/2012. The date of UR decision was 11/18/2013. The injured worker has chronic low back secondary to industrial injury. Psych evaluation from 09/14/2013 lists diagnosis of adjustment disorder with depressed mood. According to the note "all stress related symptoms are related to both chronic pain and physical limitations. He reports feelings of anger and frustration and is irritable all day, losing interest, social withdrawal, and decrease in concentration, memory functions, insomnia". He has received medications, physical therapy, and acupuncture for chronic pain. A progress report from 11/27/2013, comments on increasing back pain and right leg pain causing him to be moderately distressed. CBT sessions are recommended by the provider

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of cognitive-behavioral therapy (CBT):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102.

**Decision rationale:** California MTUS states "Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for 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 cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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)" Upon review of the submitted documentation, it is gathered that the injured worker has not tried CBT yet. Per guidelines, the initial trial consists of 3-4 psychotherapy visits over 2 weeks. The request for 6 CBT sessions is excessive and medical necessity cannot be affirmed