MAXIMUS Federal Services

| Case Number: | CM13-0071578 | | |
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| Date Assigned: | 01/08/2014 | Date of Injury: | 12/10/2009 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/27/2013 |

## 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 Occupational Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, chronic neck pain, and psychological stress reportedly associated with an industrial injury of December 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of December 4, 2013, the claims administrator approved request for one cognitive behavioral therapy evaluation while denying a request for four sessions of cognitive behavioral therapy. In its Utilization Review Report, the claims administrator cited medical reports dated November 27, 2013 and November 11, 2013. A June 3, 2013 progress note is notable for comments that the applicant reported persistent neck pain, mid back pain, and low back pain. The applicant was asked to remain off of work, on total temporary disability, for additional 45 days, it was stated. In the November 11, 2013 progress note, the applicant was described as reporting persistent low back pain, 9/10. A CT scan of the lumbar spine was being sought. The applicant was described as having tried and failed Voltaren, Motrin, and Naprosyn. Celebrex was sought. The attending provider stated that authorization for cognitive behavioral therapy was pending. On October 28, 2013, it was stated that the applicant had not received previously requested cognitive behavioral therapy for chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONGNITIVE BEHAVIORAL X 4 SESSIONS PER REPORTED DATE 11/27/13 QTY: 4.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Psychotherapy Guidelines.

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

**Decision rationale:** As noted on pages 23 of the Chronic Pain Medical Treatment Guidelines, an initial trial of three to four sessions of psychotherapy/cognitive behavioral therapy are endorsed in chronic pain applicants, particularly those who have risk factors for delayed recovery. In this case, the applicant has in fact exhibited delayed recovery. The applicant has failed to return to work owing to issues related to the chronic pain syndrome. The applicant has tried and failed numerous medications. As further noted on page 23 of the Chronic Pain Medical Treatment Guidelines, identification and reinforcement of coping skills are often more useful in the treatment of chronic pain than ongoing medication therapy. In this case, the request in question represents a first-time request for cognitive behavioral therapy. The applicant has not had any cognitive behavioral therapy for chronic pain issues at any point during the life of the claim, the attending provider has posited. Therefore, the requests are medically necessary, for all of the stated reasons.