

<b>Case Number:</b>	CM13-0071622		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2013

### 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 patient is a 53-year-old male who reported an injury on 9/13/07 after he was trying to pull roots. This caused an injury to his low back. The patient also suffered emotional symptoms that were treated with cognitive behavioral therapy. The patient's most recent clinical evaluation documented that the patient had an improvement in symptoms as a result of prior therapy. It was noted that the patient had a reduction in depressive symptoms and an improvement in social functions and increase in interest in participation in activities of daily living. It was also noted that the patient needed additional emotional treatment as the patient had ongoing anxiety related to chronic pain. A recommendation was made for additional cognitive behavioral therapy to address the patient's anxiety, panic, emotional withdrawal, feelings of isolation and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY:** 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 Page(s): 23.

**Decision rationale:** The California MTUS recommends up to 6-10 cognitive behavioral therapy sessions with evidence of objective functional improvement. The clinical documentation indicates that the patient has had improvements in emotional function as the result of prior therapy. However, the clinical documentation does not clearly identify the number of cognitive behavioral therapy visits that the patient has already participated in. Therefore, the appropriateness of additional cognitive behavioral therapy cannot be determined. Also, the request as it is written does not identify duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested cognitive behavioral therapy is not medically necessary or appropriate.