

<b>Case Number:</b>	CM14-0003214		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Psychologist 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 patient sustained a work-related, low back injury on 7/31/09 when he was involved in a motor vehicle accident. On 7/27/11 he had an L2-3 fusion with extension of a prior fusion that took place on 5/3/10. He had an intrathecal opioid pump placed on 2/2/12 and had an L1-L3 spinal fusion on 3/18/13. The patient suffers from chronic low back pain. On 8/12/13, the patient was involved in a non-industrial motor vehicle accident, which aggravated his low back condition. On 12/30/13, he was diagnosed with malignant neoplasm of prostate, post laminectomy syndrome of lumbar region, lumbosacral neuritis not otherwise specified, lumbar or lumbosacral disc degeneration, pain in the thoracic spine, and lumbago. On 11/22/13, the patient was diagnosed with depressive disorder not otherwise specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY, FOUR ADDITIONAL VISITS:** 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 MTUS: Chronic Pain Medical Treatment Guidelines, Behavioral Interventions Page(s): 23.

**Decision rationale:** The medical reports indicate the patient continues to suffer from depression secondary to chronic low back pain. There is indication that he attended at least four psychotherapy sessions; however, there are a total of two psychotherapy progress notes in the records. There is little in the way of objective medical evidence, for example, clinical exam findings, self-report of symptoms, or objective testing data indicating the level of psychiatric symptomatology and impairment. Additionally, the records contain no evidence of objective functional improvement resulting from the provided psychotherapy treatment. Therefore, the request for cognitive behavioral therapy, four additional visits is not medically necessary and appropriate.