

<b>Case Number:</b>	CM14-0129635		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/03/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Psychiatry 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 injured worker is a 51 year old man injured on 9/3/11 in a forklift accident. He has had chronic lumbar spinal pain since then. His treatment has included non-narcotic analgesics. He is reported to have fear associated with movement. He has not participated previously in any psychological treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling, 1x/week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23.

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

**Decision rationale:** Cognitive behavioral therapy is considered an appropriate treatment for injured workers with chronic pain. As the clinical documentation indicates that the injured worker has never participated in any type of cognitive behavioral therapy, the Chronic Pain Medical Treatment Guidelines are applied here. The California Medical Treatment Utilization Schedule recommends a clinical trial of 3 to 4 visits of cognitive behavioral therapy as an appropriate behavioral intervention; this has not been completed based on the documents

provided for review. Therefore pain management counseling, 1x/week for 6 weeks is not medically necessary.