

<b>Case Number:</b>	CM14-0159144		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Psychology 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 claimant is a 55 year-old male [REDACTED] with a date of injury of 12/1/10. The claimant sustained injuries to his neck and back when he slipped and fell while working as a [REDACTED]. In their PR-2 report dated 9/9/14, Nurse Practitioner, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with: (1) Thoracic or lumbosacral neuritis or radiculitis not otherwise specified; (2) Lumbar disc displacement without myelopathy; and (3) lumbago. It is also reported that the claimant has been experiencing psychiatric symptoms. In his "Panel Psychological qualified medical examiner (QME)" dated 1/16/14, [REDACTED] diagnosed the claimant with: (1) Mood disorder NOS, with anxious and depressed features, mild to moderate; (2) Pain disorder associated with both psychological factors and an orthopedic condition; and (3) History of alcohol abuse, currently marginally controlled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy Sessions, QTY: 5.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant participated in psychotherapy in 2011 for a total of 6 sessions and has not completed any sessions since that time. The claimant met with [REDACTED] in December 2013 (report is dated January 2014) to complete a psychological qualified medical evaluation. In that report, [REDACTED] recommended that the claimant "be provided with an initial 4 to 6 sessions of cognitive behavioral pain management psychotherapy." Although [REDACTED] offered this recommendation, the request under review is for 6 CBT sessions. The California MTUS recommends as "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be necessary. Utilizing this guideline, the request for 6 sessions exceeds the recommended number of initial sessions. Thus, the request for "Cognitive Behavior Therapy (CBT) sessions, QTY: 6.00" is not medically necessary.