

<b>Case Number:</b>	CM14-0159887		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<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 53 year-old male (██████████) with a date of injury of 11/25/05. The claimant sustained injury while working for ██████████. The mechanism of injury was not found within the records. In his "Primary Treating Physician's Progress Report" dated 8/29/14, ██████████ offered the following assessment: (1) Lumbar discopathy with probably herniated nucleus pulposus with associated bilateral lower extremity radiculopathy, left greater than right; (2) Reactionary depression and anxiety with associated sexual dysfunction and sleep disturbance; (3) Status post posterior lumbar interbody fusion, L4-5 and L5-S1, April 14, 2010; (4) Acute onset left lower extremity radiculopathy with profound weakness and possible left peroneal nerve palsy; (5) Urologic dysfunction/impotence; (6) Right knee internal derangement likely secondary to overcompensation; (7) Lumbar SCS implant, September 26, 2011; revision to Paddle Lead, December 11, 2013; (8) Cervical myoligamentous injury with bilateral upper extremity radiculopathy, left greater than right, secondary to the constant use of a cane with weightbearing; (9) Possible bilateral carpal tunnel syndrome, left greater than right; (10) medication-induced gastritis; and (11) Abnormal sleep study December 8, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT) 6 sessions for Psych:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the limited medical records, the claimant continues to experience chronic pain associated with his work-related injury from November 2005. In his "Primary Treating Physician's Progress Report" dated 8/29/14, [REDACTED] indicated that the claimant was to see [REDACTED] for a psychological evaluation, however, [REDACTED]' report was not included for review. Therefore, there is no information to substantiate the request for additional sessions. Without any psychological information regarding specific diagnoses or treatment recommendations, the request for continued services cannot be determined. As a result, the request for "Cognitive Behavioral Therapy (CBT) 6 sessions for Psych" is not medically necessary.