

<b>Case Number:</b>	CM14-0161298		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 licensed in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 16 years old female who was injured in June of 2008. She has had residual severe lumbar spine pain since. The patient is on no psychotropic medications and there is no other evidence of psychological symptoms. Her pain levels continue to be at 9/10 without medications. Overall clinical information is limited. The provider has requested coverage for a Psychology/Cognitive Behavioral Therapy Consult. The request was denied due to lack of medical necessity. This is an independent review of the request for coverage for the above service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology/Cognitive Behavioral Therapy Consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Interventions and Treatments Page(s): 23.

**Decision rationale:** The above cited document indicates that behavioral interventions are "recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or

physical dependence". While there is insufficient information to ascertain the presence of psychological factors, the unsatisfactory response to the current interventions warrants an assessment to ascertain if there is a psychological overlay and to formulate appropriate interventions as warranted. As such, the requested Psychology/cognitive behavioral therapy consult appears to be supported by the State of California MTUS as medically necessary.