

<b>Case Number:</b>	CM14-0168276		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Practice, 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:

30 year-old female claimant sustained a work injury on 1/8/13 involving the low back. She was diagnosed with chronic low back pain, insomnia and depression due to the injury. She had used a TENS unit and oral/topical analgesics for pain control. She had been under the care of a psychologist and receiving Vistaril, Trazodone and Brintellix for depression and anxiety. A progress note on 9/15/14 indicated the claimant had continued back pain. She had follow-up with psychology. She was ready to return to light duty at work. Due to addressing functional conditioning 12 sessions of cognitive behavioral therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Cognitive behavioral therapy sessions.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 31-32.

**Decision rationale:** According to the MTUS guidelines, cognitive therapy falls under multi-disciplinary programs. They are considered medically necessary if they meet the following criteria: (1) An adequate and thorough evaluation has been made, including baseline functional

testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the amount requested is greater than 10 visits. In addition, there was no confirmation of candidacy for surgery. The request for 12 sessions of therapy is therefore not medically necessary.