

<b>Case Number:</b>	CM14-0021192		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational Medicine 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 patient is a 61-year-old female who has submitted a claim for chronic pain disorder, cervical spinal stenosis, cervical disc degeneration, with associated depressive disorder associated with an industrial injury date of March 15, 2010. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of persistent neck stiffness and pain with radiation into both arms. Patient reported that she was more stable emotionally and less irritable but still complains of some stress and depression. Physical examination revealed extension, flexion and rotation of about 80% of normal. Spurling's test was negative bilaterally. Some paresthesia was noted along the C6-C7 distribution bilaterally. Reflexes were diminished at the left biceps, left brachioradialis, and left triceps compared to the right. Treatment to date has included physical therapy, acupuncture, injections, medications, and 8 cognitive behavioral psychotherapy sessions. Utilization review from February 4, 2014 denied the request for 6 cognitive behavioral psychotherapy sessions because there was a lack of objective functional improvement from the previous 8 cognitive behavioral therapy sessions already completed by the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 COGNITIVE-BEHAVIOR SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Behavioral Interventions Page(s): 23.

**Decision rationale:** According to page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, documents show that the patient completed 8 cognitive behavioral therapy sessions but there was only minimal improvement. Guidelines require evidence of objective improvement defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment however, these were not evident in the patient's records. Furthermore, the present request for another 6 sessions exceeds guideline recommendations since the patient already completed 8 prior sessions. Therefore, the request for 6 Cognitive-Behavior Sessions are not medically necessary.