

<b>Case Number:</b>	CM14-0027596		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 58 year-old male (██████████) with a date of injury of 2/22/10. The claimant sustained injuries to his back and neck when he was lifting some heavy equipment and felt pain. The claimant sustained this orthopedic injury while working for the ██████████. In his "Visit Note" dated 1/27/14, Physician Assistant, ██████████, under the supervision of ██████████, diagnosed the claimant with: (1) Neck pain; (2) Cervical disc displacement; and (3) Syndrome post laminectomy cervical - S/P (Status Post) C5-C7 ACDF (Anterior Cervical Decompression And Fusion), 5/18/10. Additionally, in her "Doctor's First Report of Occupational Injury or Illness", ██████████ diagnosed the claimant with a Pain Disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of CBT (Cognitive Behavioral Therapy): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions and Multidisciplinary pain programs Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** The CA MTUS guideline for the behavioral treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury. In her "Doctor's First Report of Occupational Injury or Illness", [REDACTED] diagnosed the claimant with a Pain Disorder and recommended CBT(Cognitive Behavioral Therapy) sessions in addition to biofeedback assisted relaxation therapy. Based on this information, it appears that the request under review is for initial sessions. The CA MTUS guideline indicates that for the behavioral treatment of chronic pain, it is recommended that there be an "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 (individual sessions)" may be needed. Given this guideline, the request for "six (6) sessions of CBT (cognitive behavioral therapy)" is not medically necessary as it exceeds the initial number of sessions recommended.