

<b>Case Number:</b>	CM14-0045340		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/17/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male with a 7/17/05 date of injury. The mechanism of injury occurred when he slipped and fell and injured his lumbar spine. According to a progress report dated 12/3/13, the patient complained of low back pain rated 10/10. He stated that he was tolerating his medications well and with benefit. The objective findings are ambulates with a cane, decreased range of motion (ROM) of spine, decreased sensation to pinwheel RT L4-S1, decreased strength global right lower extremities. The diagnostic impressions are failed low back syndrome. The treatments to date are medication management, activity modification and physical therapy. A UR decision dated 3/19/14 denied the request for 6 sessions of cognitive behavioral therapy. There are no clinical data or other indications provided that individual psychotherapy can materially affect this patient's functional status after 8+ years of pain behavior, dysfunction, and disability. The prognosis in this context is clearly negative, and the application of clinical attention here is more likely to reinforce the patient's pain behavior than to be of any help, thus rendering the psychotherapy contraindicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy x 6:** 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 Page(s): 19-23.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines indicate that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. According to a psychological evaluation note dated 11/14/13, the provider recommended psychological treatment for the patient's pain management, exaggerated perception of disability, depression and anxiety. The patient presented with depression, anxiety, and complained of interpersonal relationships. The provider indicated that the patient's depression and anxiety may be a reaction to his condition of localized severe pain and perceived disability. The guidelines support a trial of 4 psychotherapy sessions in individuals with chronic pain and co-morbid mood disorders however, this request is for 6 sessions. Therefore, the request for Cognitive Behavioral Therapy X6 is not medically necessary.