

<b>Case Number:</b>	CM14-0045683		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 a licensed Psychologist and is licensed to practice in Utah. 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 51-year-old male who has submitted a claim for Degeneration of the Lumbar or Lumbosacral Intervertebral Disc and Radiculitis associated with an industrial injury date of April 28, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain, rated 6-8/10, radiating to the left buttock and left lower extremity. Associated symptoms included lower extremity weakness and numbness, stiffness and spasm of the low back region, calf pain upon ambulation, as well as sleep disturbance and anxiety. On mental status examination, the patient had normal mood and affect. He was oriented and memory was intact. On physical examination, deep tendon reflexes were 1+ on the left lower extremity. Sensation to light touch was diminished in an L5 and S1 dermatomal distribution. The patient was unable to heel or toe walk. Gait was antalgic, favoring the left. Lumbar spine examination revealed tenderness over the paraspinals overlying the facet and sacroiliac joints. Trigger points were noted over the lower paraspinals and 2+ muscle spasm was also found. Lumbar flexion was limited to zero degrees. Straight leg raise test was positive on the left. Treatment to date has included medications, physical therapy, chiropractic care, home exercise program, epidural steroid injections, and functional restoration program. Utilization review from March 25, 2014 denied the request for four cognitive behavioral therapy sessions because the patient had already undergone a functional restoration program, which included psychological evaluation and treatment, where the patient has learned good coping skills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four cognitive behavioral therapy sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC updated 5/7/13, Procedure Summary, Stress and Mental health chapter.

**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 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. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, the request for four cognitive behavioral therapy sessions was made because the patient suffered from sleep deprivation and anxiety due to chronic pain. Cognitive behavioral therapy is thus warranted and the requested number of sessions follows guideline recommendations. Therefore, the request for four cognitive behavioral therapy sessions is medically necessary.