

<b>Case Number:</b>	CM14-0051203		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 09/22/2007. The mechanism of injury was not provided. On 04/11/2014 the injured worker returned to the office for palliative trigger point injections and has been authorized for lumbar epidural steroid injections. She was provided with Ensure and there has been a slight weight gain. Upon examination the injured worker had a right trapezius trigger point injection and right multifidus tenderness with pain over the right cluneal nerve. She also had a positive left Lasegue and left straight leg raise. The diagnoses were status post L5-S1 hemilaminectomy for the right lumbar radiculitis, left lumbar radiculitis, chronic pain syndrome, narcotic dependency, weight loss, history of congenital right ear absence with multiple reconstructive procedures and revisions. Prior treatment included injections, surgery, and medications. The provider recommended cognitive behavioral therapy 1 time a week for 8 weeks. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioural Psychotherapy 1 x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines for Chronic Pain Page(s): 23.

**Decision rationale:** The California MTUS Guidelines recommend a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The request for individual psychotherapy 1 time a week for 8 weeks exceeds the recommendations of the guideline. As such, the request is non-certified.