

<b>Case Number:</b>	CM14-0088841		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 32 year old worker who was injured on 06/11/2012. The worker complains of 5/10 pain that spreads from the lower back to the right extremity. The pain is throbbing, shooting, and burning. The pain is associated with muscle spasms, numbness and tingling, as well as limited range of motion. The examination is positive for tenderness in the lower thoracic and upper lower back muscles. There was diminished sensation in the right thigh. The injured worker was diagnosed of unstable chronic pain syndrome, chronic sprain and strain of the lumbosacral, and chronic lumbar radiculopathy. The injured worker did not benefit from Norco, Neurontin, Naproxen. However, he had 25 % improvement from Lumbar epidural steroid injection on 3/14/2014. He was evaluated by a psychologist on 11/11/ 2013 who determined he had high level of Anxiety and Depression, then ordered an initial 6 Cognitive-Behavioral Psychotherapy Treatments (CBT) over two months. In dispute is the request For cognitive behavioral therapy 1xwk x 4wks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL THERAPY 1XWK X 4WKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BEHAVIORAL INTERVENTION Page(s): 23.

**Decision rationale:** Though MTUS recommends cognitive behavioral therapy for chronic pain, the record reviewed are not detailed enough as to inform us whether the injured worker has received the initial 3-4 psychotherapy visits over 2 weeks, or whether this request is the initial request. Also, the MTUS recommends a total of up to 6-10 visits over 5-6 weeks if there was an objective functional improvement in the trial phase.