

<b>Case Number:</b>	CM13-0007888		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### 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 55 year old male, who sustained an industrial injury on 7/22/2011. He reported low back pain and right arm pain, as well as contusions in the stomach and chest. Diagnoses have included lumbar post-laminectomy syndrome, lumbar sprain/strain and chronic pain syndrome. Treatment to date has included aqua therapy, injections, cognitive behavioral therapy and medication. According to the progress report dated 7/15/2013, the injured worker complained of back pain rated 7/10. Physical exam revealed that the injured worker walked and moved slowly with pain. Range of motion of the low back was decreased and painful. He used a cane in his right hand. Authorization was requested for four additional cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FOUR ADDITIONAL COGNITIVE BEHAVIORAL THERAPY (CBT) SESSIONS:**

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 Interventions Page(s): 23.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 4/22/15 and participated in 4 follow-up psychotherapy sessions until 5/23/13. In his 5/23/13 PR-2 report, [REDACTED] reported minimal improvement and suggested that the injured worker would benefit from a multidisciplinary approach rather than a unimodal psychological one. Given [REDACTED] observations/recommendations and the fact that the injured worker was unable to demonstrate objective functional improvements, the need for additional psychotherapy sessions is not supported. As a result, the request for an additional 4 CBT psychotherapy sessions is not medically necessary.