

<b>Case Number:</b>	CM14-0192331		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Doctor of Psychology and is licensed to practice in California. 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 37 year-old male [REDACTED] with a date of injury of 5/6/09. According to the "Peer Clinical Review Report" dated 10/31/14, the injured worker sustained injury to his back with right lower extremity pain as the result of lifting a box. The injured worker sustained this injury while working for Renoir Staffing Services. It was also noted within the report that the injured worker was diagnosed with a pain disorder and major depressive disorder. Unfortunately, there was only one medical record, an "Agreed Supplemental PQME Evaluation" from [REDACTED] that did not offer a diagnosis. Because of the lack of medical/psychological information included for review, confirmation of diagnoses is not possible. The request under review is for CBT sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Cognitive Behavioral Psychotherapy Sessions:** 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 Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**Decision rationale:** The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the extremely limited medical records submitted for review, the injured worker completed a psychological evaluation in October 2014. Unfortunately, that evaluation was not included for review. The request for 10 CBT sessions is likely in response to that evaluation. However, without any medical records to substantiate the request, the request for "10 Cognitive Behavioral Psychotherapy Sessions" is not medically necessary.