

<b>Case Number:</b>	CM14-0206553		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/09/2000
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 12/9/2000. Per psychological pain consultation bio-behavioral pain management dated 10/21/2014, the injured worker has been diagnosed with 1) chronic low back syndrome 2) lumbar sprain/strain 3) moderate anxiety and depression. She currently complains of continuous low back pain rated at 8/10. On a good day her pain is 7/10, and on a bad day it increases to 10/10. She has difficulty bending forward, backwards, sideways and driving for a prolonged period of time. She also has difficulty sleeping and awakens with pain and discomfort. She has also experienced a severe, chronic depressed mood since her injury, including low energy, low motivation, insomnia, pessimism, as well as anxiety regarding her ability to do basic daily activities and cope with pain. Axis I diagnoses include 1) depressive disorder, NOS 2) adjustment disorder with mixed emotional features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Bio-Behavioral Pain Management Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

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

**Decision rationale:** Per the MTUS 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 criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. The requesting provider reports that the injured worker is in need of 6-10 psychotherapy visits over 5-6 weeks. This request is for 12 sessions, however. The MTUS Guidelines would support an initial trial of 3-4 psychotherapy visits over 2 weeks. The request for 12 sessions is in excess of these recommendations. The request for 12 Bio-Behavioral Pain Management Session is determined to not be medically necessary.