

<b>Case Number:</b>	CM15-0145209		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 58 year old male, who sustained an industrial injury on 11-09-1995. Diagnoses include cervical discectomy with radiculitis, chronic pain associated with significant psychological dysfunction, depression, lumbar disc with radiculitis, degeneration of cervical disc, degeneration of lumbar disc, neck pain, low back pain and shoulder pain. Treatment to date has included multiple surgical interventions (anterior cervical discectomy and fusion, 1999, and repeat surgeries in 2003 and 2005), diagnostics, physical therapy, acupuncture, lumbar epidural steroid injection, and medications including current use of Melatonin, Unisom, Cymbalta and Gabapentin. He has completed 5 weeks of a functional restoration program. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported feeling a regression since ending treatment in a functional restoration program. Physical examination revealed restricted range of motion of the lumbar spine. Sensation was decreased to light touch on the right. Pinprick and temperature along all dermatomes appears normal. Straight leg raise was positive bilaterally. The plan of care included, and authorization was requested for 6 sessions of psychological counseling and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Counseling Cognitive Behavioral Therapy, 3 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). The injured worker has been diagnosed with cervical discectomy with radiculitis, chronic pain associated with significant psychological dysfunction, depression, lumbar disc with radiculitis, degeneration of cervical disc, degeneration of lumbar disc, neck pain, low back pain and shoulder pain. He has undergone treatment with multiple surgical interventions (anterior cervical discectomy and fusion, 1999, and repeat surgeries in 2003 and 2005), diagnostics, physical therapy, acupuncture, lumbar epidural steroid injection, and medications including current use of Melatonin, Unisom, Cymbalta and Gabapentin. Upon review of the submitted documentation, it is gathered that the injured worker has completed 5 weeks of a functional restoration program which includes comprehensive psychotherapy treatment as well, but there has been no mention of "objective functional improvement". The request for Psychological Counseling Cognitive Behavioral Therapy, 3 sessions is not medically necessary at this time based on the lack of results from psychotherapy treatment so far.