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| <b>Case Number:</b>   | CM15-0181682 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 05/30/2012 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2015 |

### 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  
 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 54-year-old female who sustained an industrial injury on 5-30-12 from a fall resulting in injury to her neck, mid back, low back and left knee. Diagnoses included chronic low back pain; left knee cartilage tear; chronic neck pain with 3-millimeter disc bulge and severe right sided neuroforaminal stenosis; chronic myofascial pain syndrome. She currently (8-11-15) complains of constant, dull, achy, shooting pain to the neck, knee and back pain. Her pain level is 6 out of 10. On physical exam of the neck there was decreased range of motion, rotation to the right and left limited; tenderness to palpation of the lumbar spine and sacroiliac joint, rotation to the right and left were limited. She is able to perform activities of daily living such as bathing, dressing, cooking with the aid of medication, which offers 50% relief of pain. When pain is severe, she has help with driving. In addition, she has developed depression requiring a course of biobehavioral intervention per 8-11-15 note. Diagnostics included MRI of the left knee (1-7-15) showing full thickness cartilage defect, intrasubstance degeneration. Treatments to date include medications: ibuprofen, trazadone, hydrocodone, bupropion; acupuncture; transcutaneous electrical nerve stimulator unit with relief, controlled substance utilization review and evaluation was consistent; epidural steroids with relief; nerve blocks with relief; physical therapy with benefit; chiropractic therapy with benefit; psychological testing for referral to pain management and this demonstrated symptoms resulting in a loss of function and decreased in activities of daily living. The request for authorization dated 8-12-15 was for cognitive behavioral therapy 12 sessions. On 8-19-15 Utilization Review evaluated and non-certified the request for cognitive behavioral therapy 12 sessions and modified the request to 3 sessions based on the fact that

despite extensive care the injured worker developed depression that was interfering with activities of daily living and work, indicating fear avoidance beliefs. She has crippling low back pain per Oswestry disability exam and a trial of 3 sessions would be appropriate to allow for documentation of efficacy in keeping with MTUS guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cognitive bio-behavior therapy 1x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2012. Per [REDACTED] 8/11/15 initial pain management evaluation, the injured worker has also developed symptoms of depression. In the report, [REDACTED] recommended psychological treatment, for which the request under review is based. Unfortunately, the injured worker has yet to complete a thorough psychological evaluation. The evaluation is essential in not only offering specific diagnostic information, but appropriate treatment recommendations as well. Without an evaluation, the request for treatment is premature. As a result, the request for an initial 12 CBT sessions is not medically necessary. It is noted however, that the injured worker did receive a modified authorization for an initial 3 CBT sessions in response to this request.