

<b>Case Number:</b>	CM15-0190258		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 24 year old male, who sustained an industrial-work injury on 10-23-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain with low back pain, lumbar radiculopathy, chronic pain syndrome, psychological factors and general medical condition, major depressive disorder, anxiety and sleep disturbances. Treatment to date has included Naproxen, diagnostics, psyche care with counseling at least 3 sessions, and other modalities. Per the treating physician report dated 8-13-15 the injured worker is unable to do transitional duties; lifting limits of 15 pounds. Medical records dated 8-13-15 indicate that the injured worker complains of continued right sided low back pain with frequent right lower extremity (RLE) aching pain with numbness and tingling in the foot which has remained unchanged. He also reports that the pain is increased with activity. The physician indicates that the injured worker has completed 3 sessions of counseling for complaints of depressed mood, difficulty sleeping and anxiety related to low back injury and future work prospects, with no worsening symptoms and no violent or suicidal ideation. The physical exam dated 8-13-15 reveals that the lumbar exam shows tenderness in the right paraspinals, near full range of motion however, discomfort at endpoint all planes. The request for authorization date was 8-20-15 and requested services included Pain management group #8 sessions and Cognitive Behavioral Therapy Counseling # 8 sessions. The original Utilization review dated 9-2-15 modified the request for Pain management group #8 sessions modified to Pain management group #6 sessions and Cognitive Behavioral Therapy Counseling # 8 sessions modified to Cognitive Behavioral Therapy Counseling # 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management group# 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

**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, 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). Upon review of the submitted documentation, it is gathered that the injured worker has completed three psychotherapy sessions with some improvement. The request for Pain management group# 8 sessions is not medically necessary at this time as it would exceed the guideline recommendations for psychotherapy as quoted above. It is to be noted that the UR physician authorized 6 sessions.

**Cognitive Behavioral Therapy Counseling # 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy.

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

**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). Upon review of the submitted documentation, it is gathered that the injured worker has completed three psychotherapy sessions with some improvement. The request for Cognitive Behavioral Therapy Counseling # 8 sessions is not medically necessary at this time as it would exceed the guideline recommendations for psychotherapy as quoted above. It is to be noted that the UR physician authorized 6 sessions.