

<b>Case Number:</b>	CM15-0190845		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<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

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:

This is a 62-year-old male with a date of industrial injury 8-25-2010. The medical records indicated the injured worker (IW) was treated lumbar radiculopathy; post laminectomy pain syndrome; and lumbar spondylosis without myelopathy. In the progress notes (8-10-15 and 9-8-15), the IW reported low back pain with radiation down to the hips and legs and intermittent right knee pain. He rated the pain 5 to 8 out of 10 with medications and 8 to 9 out of 10 without them. He was taking Amitriptyline, Omeprazole and Percocet with 40% relief. He stated he was not taking MS Contin due to denial by insurance; the provider wanted this medication continued, however, to minimize short-acting narcotics. On examination (9-8-15 notes), there was 5 out of 5 strength in the bilateral lower extremities, positive straight leg raise bilaterally at 45 to 60 degrees in the L5 distribution, moderate palpable spasms in the bilateral lumbar paraspinous muscles with positive twitch response and slow ambulation with a cane. Treatments included medications, physical therapy, home exercise and spinal surgery (12-2014). The provider's treatment plan included continuing medications and a course of cognitive behavioral therapy "to improve function and minimize short acting narcotics". A Request for Authorization dated 9-11-15 was received for outpatient cognitive behavioral therapy for six (6) sessions. The Utilization Review on 9-17-15 non-certified the request for outpatient cognitive behavioral therapy for six (6) sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient cognitive behavioral therapy for 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 2010. Although [REDACTED] has recommended that the injured worker receive CBT services since July 2015, the injured worker has yet to complete a thorough psychological evaluation. A psychological evaluation is critical for not only diagnostic purposes, but it offers information about the appropriateness of treatment and presents relevant and appropriate treatment recommendations. Without having completed an evaluation, the request for subsequent psychotherapy services is premature. As a result, the request for 6 CBT psychotherapy services is not medically necessary.