

<b>Case Number:</b>	CM15-0206288		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 44 year old male, who sustained an industrial-work injury on 1-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical radiculopathy and shoulder pain. Treatment to date has included pain medication Norco, Terocin cream, Tylenol with codeine, home exercise program (HEP), diagnostics, and other modalities. Medical records dated 9-21-15 indicate that the injured worker is for follow up exam and he is tearful today. He reports that at this time he is unable to cope with the ongoing pain symptoms. He denies any other new problems except for the ongoing pain. Per the treating physician report dated 9-21-15, he is released to modified work. He is not working. The physical exam reveals a pleasant gentleman with normal speech and gait. He is alert and oriented and he was tearful at the time of the examination. The physician indicates that the injured worker is showing poor coping skills and is also tearful. The physician recommends a consultation by a neuropsychologist and 6 Cognitive Behavioral Therapy (CBT) sessions. The request for authorization date was 9-21-15 and requested service included Cognitive behavioral therapy 6 sessions. The original Utilization review dated 10-12-15 modified the request for Cognitive behavioral therapy 6 sessions modified to 1 session for psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 6 sessions:** Upheld

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

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

**Decision rationale:** 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 is being treated for neck pain, cervical radiculopathy and shoulder pain and has been experiencing psychological symptoms secondary to the chronic pain. The request for Cognitive behavioral therapy 6 sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.