

<b>Case Number:</b>	CM15-0036416		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old male, who sustained an industrial injury on 07/13/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar sprain/strain, profound bilateral lower extremity weakness of unclear etiology, somatic symptom disorder, major depressive disorder, coping deficits and maladaptive health behaviors affecting multiple injuries and chronic pain disorder, and rule out functional neurological symptom disorder (Conversion Disorder). Treatment to date has included cognitive-behavioral therapy with concurrent biofeedback and medication regimen. In a progress note dated 02/03/2015 the treating provider reports complaints of low back pain radiating to the bilateral lower extremities and hip with associated symptoms of severe bilateral lower extremity weakness and bilateral knee pain and a pain range of four to seven out of ten. The treating physician requested twelve cognitive behavioral therapy sessions noting that the injured worker needs continued treatment in order to regain his ability to walk, reduce dysfunctional coping mechanisms, decrease the interference of his Conversion Disorder to regain walking and activity tolerance, and maintain an effective independent home-based rehabilitation program. On 02/19/2015 Utilization Review non-certified the requested treatment of twelve cognitive behavioral therapy sessions between the dates of 02/16/2015 and 04/02/2015, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, Behavioral Interventions, page 23 and Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intentions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral therapy Page(s): 23.

**Decision rationale:** This 48 year old male has complained of low back pain since date of injury 7/13/12. He has been treated with physical therapy, epidural steroid injections, TENS unit, medications, facet injections, cognitive behavioral therapy and biofeedback. The current request is for 12 cognitive behavioral therapy sessions. Per the MTUS guidelines cited above, 6-10 sessions of cognitive behavioral therapy over the course of 5-6 weeks are indicated in the treatment of chronic pain provided there is documented functional improvement with therapy. At the time of the date of request, the patient had already received 44 sessions of cognitive behavioral therapy. On the basis of the available medical documentation and per the MTUS guideline cited above, an additional 12 cognitive behavioral therapy sessions are not indicated as medically necessary.