

<b>Case Number:</b>	CM15-0040739		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas  
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 48-year-old male who reported an injury on 08/14/2013. The injured worker was participating in defensive tactics during training when he was reportedly injured during a handcuff exercise. The current diagnoses include pain disorder associated with psychological factors and a general medical condition and adjustment disorder with mixed anxiety and depressed mood. The injured worker is status post multilevel cervical fusion. On 09/28/2014, the injured worker presented for a psychological evaluation. The injured worker reported 9/10 constant pain. It was also noted that the injured worker had previously been treated with cortisone injections and TENS therapy, as well as medication management. The injured worker was refusing further treatment to include a spinal cord stimulator trial, surgery or any other invasive procedure, secondary to fear of an exacerbation of symptoms. The injured worker denied suicidal ideation. A comprehensive mental status examination was not documented. Psychological testing was not documented. Recommendations included cognitive behavioral psychotherapy to address symptoms of anxiety and depression. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy (CBT) (possibly with biofeedback adjunct to aid pain management) 2 times a month for 4 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy.

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

**Decision rationale:** California MTUS Guidelines state cognitive behavioral therapy is recommended. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for an initial 8 sessions of cognitive behavioral therapy would exceed guideline recommendations. Therefore, the request is not medically appropriate at this time.