

<b>Case Number:</b>	CM15-0056551		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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:

The injured worker is a 43 year old female, who sustained an industrial injury on December 13, 2007. The injured worker reported back and knee pain. The injured worker was diagnosed as having chronic pain syndrome, thoracic and lumbosacral neuritis or radiculopathy, left patellofemoral syndrome, sacroiliac ligament strain/sprain and osteoarthritis of knee and hip. Treatment and diagnostic studies to date have included x-ray and medication. A progress note dated March 4, 2015 provides the injured worker complains of depression and anxiety related to pain. She reports she sometimes gets irritated easily. Physical exam notes normal affect. The plan includes medication, possible Transcutaneous Electrical Nerve Stimulation (TENS) unit or home exercise and cognitive behavioral therapy.

### 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 Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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

**Decision rationale:** Based on the PR-2 report from March 2015, the injured worker continues to experience chronic pain as well as some moderate symptoms of depression and anxiety secondary to the pain. According to the CA MTUS, an "initial trial of 3-4 psychotherapy visits" is appropriate for the treatment of chronic pain. Without a thorough psychological evaluation that presents specific diagnostic information as well as appropriate treatment recommendations regarding the treatment of depression, the CA MTUS guideline regarding chronic pain is most relevant. Based on the guideline, the request for 6 CBT sessions exceeds the number of initial sessions and is therefore, not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request.