

<b>Case Number:</b>	CM15-0082256		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old male, who sustained an industrial/work injury on 7/1/13. He reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, rotator cuff sprain, predominant disturbance of emotions. Treatment to date has included medication, diagnostics, and occipital nerve block on 4/15/15. Currently, the injured worker complains of constant low back pain that radiated to the right lower extremity that was rated 6/10. There were also psychological issues to include anxiety, depression, and stress. Per the secondary treating physician's progress report (PR-2) on 2/20/15, examination revealed pain and spasm of the back, positive sciatic notch tenderness, positive straight leg raise test and tension sign in the bilateral lower extremities. The lower extremity motor strength testing reveals weakness in the extensor hallucis longus and foot eversion. The requested treatments include cognitive bio-behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive bio-behavioral therapy, 12 sessions:** Upheld

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

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

**Decision rationale:** The patient presents with chronic lower back pain that radiates into the right lower extremity. The current request is for 12 sessions of cognitive bio-behavioral therapy (CBT). The treating physician states on 1/29/15 (16B) that the patient has undergone a course of physical medicine approach to the chronic pain. At this point the patient requires a course of biobehavioral intervention for the treatment of chronic pain. The physician continues and states that the patient requires a course of 12 sessions of biobehavioral pain treatment followed by reevaluation. According to the MTUS cognitive behavioral therapy is recommended. 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. MTUS goes on to state, "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)." The clinical history report dated 4/1/15 (29B) states that that patient has been receiving CBT and that it is helping reduce his overall symptoms however his acute episodes are most concerning to him. No documentation was presented that included the total number of session completed to date or of objective functional improvement seen with the CBT completed thus far. Additionally, the physician is requesting a referral for cognitive behavioral therapy that exceeds the current MTUS guidelines of 6-10 visits. Therefore, the requested treatment is not medically necessary and recommendation is for denial.