

<b>Case Number:</b>	CM14-0129511		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/27/2006
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 78 pages of medical and administrative records. The injured worker is a 62 year old male whose date of injury is 09/7/2006 in which a 500-600lb pallet fell on him, with subsequent loss of consciousness. He has low back, and bilateral leg pain. He reports pain as 7-8/10. Treatment included physical therapy, TENS unit, and chiropractic. Medications include Mentherm gel, Orphenadrine ER, Pantoprazole, Naproxen, and Gabapentin, and as of 08/05/14 he was prescribed modified duty. He had a psychological evaluation on 07/14/14 at which time 4 psychotherapy sessions was certified. Mood was dysthymic with congruent affect, and he showed a moderate level of anxiety. He felt hopeless, helpless, irritable, and showed neurovegetative symptoms of avolition and anhedonia. He had difficulty with concentration and memory, and sleep disturbance. He was diagnosed with major depressive disorder single episode moderate and anxiety disorder not otherwise specified was diagnosed. There was a supplemental report of 08/06/14 requesting 12 CBT sessions from Toufan Razi MD, pain management specialist, essentially reiterating the aforementioned report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Cognitive Behavioral Therapy X12 Sessions, As An Outpatient, For Submitted Diagnosis Of Neck Pain, Cervical Radiculopathy, Low Back Pain, Chronic Pain Syndrome: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient was certified for 4 psychotherapy sessions after his psychological evaluation in 07/2014. MTUS does recommend behavioral interventions in order to identify and reinforce coping skills for pain, and guidelines suggest an initial trial of 3-4 sessions over 2 weeks. However, there was no report provided of when those services were provided or if any objective functional improvement was seen from this treatment. 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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). Therefore the request is not medically necessary.