

<b>Case Number:</b>	CM14-0156734		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Medicine 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:

The patient is a 69-year-old male with a date of injury of 02/22/2012. The listed diagnoses per [REDACTED] are: 1 Head injury. 2 Cervical sprain/strain, neck. 3 Right knee sprain/strain. 4. PTSD. 5. Lumbar degenerative disk disease. 6. Right shoulder pain. According to progress report 08/01/2014, the patient presents with chronic low back and bilateral knee pain. He reports continued numbness in his right hand and pain in his right shoulder. He also continues to experience constant ringing in his left ear and headaches. The patient continues to suffer from depressive disorder. The patient mood was noted as stable and he has no suicidal ideation. Physical examination revealed reduced range of motion in the lumbar and cervical spine. There is positive TTP in the cervical spine and lumbar region and TTP. The treater requests CBT x6 "as per [REDACTED] psychologist report." Review of [REDACTED] report from 07/26/2014 indicates that the patient has major depressive disorder and GAF of 68. She requests an initial 6 sessions of behavioral therapy to assess effectiveness of psychotherapy on his functional improvement. She further states these sessions are to help increase healthy coping skills to deal with past stressors from the job and decrease anger feelings. Utilization review denied the request on 8/25/14. Treatment reports from 1/8/14-8/1/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT) x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS guidelines for cognitive behavioral therapy Page(s): 23.

**Decision rationale:** This patient presents with chronic low back and knee pain. He also has suffers from depressive disorder with continued sleep issues. The request is for 6 cognitive behavioral therapy sessions. The MTUS Guidelines supports psychological treatments for chronic pain. The MTUS guidelines page 23 for cognitive behavioral therapy, recommends an initial trial of 3 to 4 psychotherapy over 2 weeks and additional visits for total of 6 to 10 visit with functional improvement. This is a request for initial 6 sessions of CBT. MTUS recommends a trial of 3-4 sessions and recommends additional sessions only with documented functional improvement. In this case, the treating physician's request exceeds what is recommended by MTUS, therefore the request is not medically necessary.