

<b>Case Number:</b>	CM14-0165591		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Licensed in Psychology, and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury on 01/01/2011. Mechanism of injury was due to bending to pick up an item, injuring her lower back. The injured worker has diagnoses of lumbar radiculopathy, sprain/strain, thoracic sprain/strain, and occipital neuralgia. Past medical treatment consists of physical therapy, aquatic therapy, occipital blocks, ESI, acupuncture, and medication therapy. On 09/09/2011, the injured worker complained of lower back pain. Physical examination revealed that the injured worker had decreased lumbar range of motion with increased pain. Faber on the left was positive. Sensation was decreased on the right L4-S1 dermatomes. The piriformis radiated down the left leg. Medical treatment plan is for the injured worker to undergo cognitive behavioral therapy. Rationale and Request for Authorization form were not 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 108. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

**Decision rationale:** The request for Cognitive Behavioral Therapy is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy, as well as establish a baseline which to assess improvements during therapy. Furthermore, the request as submitted did not indicate or specify how many sessions or the frequency of sessions the provider was requesting. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.