

<b>Case Number:</b>	CM14-0217418		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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:

This 50 year old female sustained a work related injury on 09/18/2006. According to a progress report dated 10/13/2013, the injured worker complained of low back pain radiating down both legs. Pain was rated 5-10 on a scale of 1-10. Diagnoses included chronic pain syndrome, encounter long term use drugs and postlaminectomy syndrome lumbar. Current medications included Oxycodone, Percocet, Pristiq, Prilosec, Motrin and Horizant. The provider noted that a psychological assessment had been completed and Cognitive Behavioral Therapy was completed. It did not specify how many sessions had been completed. The injured worker was permanent and stationary. According to a progress report dated 11/05/2014, the injured worker pain level was unchanged. The provider noted that physical therapy and injections had failed. Current medication regiment remained the same and the injured worker was given a prescription of Percocet and Remeron. On 12/23/2014, Utilization Review modified cognitive behavioral therapy (CBT) 6 additional sessions. According to the Utilization Review physician CA MTUS Chronic Pain Medical Treatment Guidelines recommends and initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, a total of up to 6-10 visits over 5 to 6 weeks. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Sessions of Cognitive Behavioral Therapy (CBT): Upheld**

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

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

**Decision rationale:** According to UR, the injured worker completed a total of 6 psychotherapy sessions to date. Unfortunately, there were no psychological records included for review. Without information about prior services, the need for any additional psychological treatment cannot be determined. Additionally, the CA MTUS recommends a total of up to 10 psychotherapy sessions in the treatment of chronic pain. Given the lack of information about prior treatment and the fact that an additional 6 sessions would exceed the total number of sessions recommended by the CA MTUS, the request for an additional 6 CBT sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 4 additional sessions in response to this request.