

<b>Case Number:</b>	CM15-0015240		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/17/1999
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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  
 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 57 year old male sustained an industrial injury on 9/17/99, with subsequent ongoing low back pain. In a PR-2 dated 11/14/14, physical exam was remarkable for decreased range of motion to the lumbar spine with normal gait. Current diagnoses included lumbar spine pain and lumbar spine degenerative disc disease. The treatment plan included continuing transcutaneous electrical nerve stimulator unit and continuing Norco 325/10mg every 4-6 hours as needed for pain. In a peer-to-peer evaluation dated 9/9/14, the physician recommended six to eight sessions of cognitive behavior therapy to see if this would allow him to wean his Norco. The physician noted that the injured worker was currently working and needed medication to help him to be able to continue to work. On 1/15/15, Utilization Review noncertified a request for eight CBT sessions citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight CBT sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in September 1999. In a peer-to-peer report dated 9/9/14, [REDACTED] and [REDACTED], indicated that "[REDACTED] would like to see the patient receive cognitive behavioral therapy for six to eight sessions to see if this would be able to allow him to wean his Norco." The request under review is based on this report. The CA MTUS recommends the use of behavioral interventions in the treatment of chronic pain. There is no indication of its use in the weaning of medication. Additionally, there has been no psychological evaluation conducted in order to gather diagnostic information and determine appropriate treatment recommendations, if any. Lastly, if behavioral interventions were indicated, the CA MTUS recommends an initial trial of 3-4 psychotherapy visits. The request for 8 sessions exceeds the recommendations. As a result, the request for 8 CBT sessions is not medically necessary.