

<b>Case Number:</b>	CM15-0179310		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/11/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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:

The 30 year old male injured worker suffered an industrial injury on 2-11-2015. The diagnoses included low back pain, bilateral sacroiliac joint dysfunctions, possible right lumbar radiculitis, neck pain with radicular symptoms to the left, headaches, chronic pain syndrome and post-concussive syndrome. On 7-8-2015 the provider noted feelings of anxiety, nervousness, irritability, and deficits in memory, concentration and attention and recommended psychological evaluation to begin a pain management counseling as a trial. On 8-25-2015 the treating provider reported the pain was unchanged and had been having headaches and was using Norco. The Utilization Review on 9-1-2015 determined non-certification for Cognitive Behavioral Training 1x per week for 4 weeks (4 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Training 1x per week for 4 weeks (4 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain as a result of his work-related injury February 2015. In the 8/25/15 PR-2 report, treating physician, [REDACTED], recommends CBT services. The request under review is based upon this recommendation. Unfortunately, there is no rationale for the requested services. Additionally, the injured worker has not complete a thorough psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without having completed a psychological evaluation, the request for treatment is premature. As a result, the request for an initial 4 weekly sessions of CBT is not medically necessary.