

<b>Case Number:</b>	CM15-0060035		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 57-year-old female who sustained an industrial injury on 4/10/05 from a slip and fall injuring her left knee, back and hand. She currently complains of severe left knee pain; left sided low back pain, cervical spine pain and left hip pain. Her pain level is 4/10 with medications. She has difficulty with activities of daily living involving aspects of self-care, standing, walking and sleep difficulties. Medications are Cymbalta, Lyrica, Fentanyl patch, tizanadine, Prevacid, Zofran. Diagnoses include left carpal tunnel syndrome, carpal tunnel release; left knee arthroscopic surgery (11/4/09, /12/27/11) ; lumbar radiculopathy; left greater trochanteric bursitis; depression, secondary to chronic pain and disability; acute posttraumatic sprain/ strain cervical spine; posttraumatic chest contusion; acute posttraumatic sprain/ strain left shoulder. Treatments to date include lumbar rhizotomy (1/31/13) with 60-80% improvement; cortisone injection into left thumb and elbow with benefit. Diagnostics include MRI of the lumbar spine (12/5/07) showing disc bulge; electromyography/ nerve conduction study (4/13/06) showing lumbar radiculopathy. The Utilization Review request is for cognitive behavioral therapy times two but there were no progress notes available for review addressing this issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT Psychotherapy x 2 Sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for CBT Psychotherapy x 2 Sessions is medically necessary for behavioral treatment of chronic pain and psychological consequences of the same such as depression and insomnia that the injured worker has been experiencing. Will respectfully disagree with UR physician's decision.