

<b>Case Number:</b>	CM13-0009056		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Board Certified 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 34-year-old male who reported an injury on 5/17/11. The mechanism of injury was not specifically stated. Current diagnoses include unspecified site of left ankle sprain, nonspecific abnormal electrocardiogram, other enthesopathy of the ankle and tarsus, pain in a joint involving the ankle and foot, difficulty walking, anxiety, sleep disturbance, and diminished left tibial and peroneal motor amplitude. The injured worker was evaluated on 12/17/13. He reported persistent pain in the left lower extremity. The injured worker also reported ongoing insomnia, psychological/emotional reactions, frustration, depression, anger, and high anxiety. Physical examination revealed an antalgic gait, nonspecific tenderness at the left ankle and foot, and slightly limited extension of bilateral ankles. Treatment recommendations at that time included an orthopedic consultation and continuation of biobehavioral pain management treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIO-BEHAVIORAL PAIN MANAGEMENT SESSIONS, 6 TO 10 VISITS OVER 5 TO 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be appropriate. The injured worker has previously participated in biobehavioral pain management. However, there is no objective evidence of functional improvement that would warrant the need for ongoing treatment. Additionally, the number of sessions completed to date is unknown. The injured worker continues to report sleep difficulty, frustration, depression, anger, and high anxiety. As such, the request is not medically necessary.