

Case Number:	CM13-0013224		
Date Assigned:	12/18/2013	Date of Injury:	08/26/2008
Decision Date:	01/29/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology with a specialization in pain management and health psychology and is licensed to practice in California. 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 physician 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:

This patient is a 47-year-old female, with a date of injury of 8/26/2008, during her work duties for her employer, the [REDACTED]. While stopping a tram to unload passengers, the employee injured her lower back. She heard a pop and experienced right knee radiating intermittently down to her foot and low back pain. Her treatments include physical therapy, right and left knee arthroscopy, non-steroidal anti-inflammation medications, and medication for sleep (Elavil). Her medical chart was reviewed in full and there was mention of "depression, bad mood swings and crying."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation for evaluation and treatment with cognitive behavioral therapy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress and Pain Chapters.

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

Decision rationale: The Chronic Pain Guidelines indicate that cognitive behavioral therapy (CBT) is 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. The guidelines indicate that the provider should screen 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 a cognitive motivational approach to physical medicine. The provider should also consider separate psychotherapy CBT referral after 4 weeks if there is lack of progress from physical medicine alone: An Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, from the original trial sessions for total of up to 6-10 visits over 5-6 weeks (individual sessions). The medical records lack sufficient, objective measurements of her depression, as well as more detail about how her depression is a function of her pain condition. Given the patient's depression, moodiness, crying and sleeping difficulties, and her having had prior medical treatments, including two ,surgeries that did not resolve her condition and no prior psychological treatment efforts, a course of CBT would have been a medically indicated intervention as long as it followed the above procedures. The request for six (6) sessions is not indicted as a medically necessary treatment based on the documentation received for this review, because it does not conform to the above guidelines. The number of sessions requested was outside the standard quantity and frequency parameters.