

<b>Case Number:</b>	CM13-0038640		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/03/1980
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Licensed in 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 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 claimant is a 64 year-old male with a date of injury of 11/3/80. The mechanism of injury is not listed within the records provided. The injury did occur while the claimant was employed by the [REDACTED]. The claimant is diagnosed by [REDACTED] with: (1) Chronic right (R) knee pain status post (s/p) total knee replacement (TKR); (2) gait dysfunction; (3) increase left (L) knee pain; (4) depression; and (5) chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT).

**Decision rationale:** The medical records provided for review do not present enough evidence to determine the need for psychotherapy services. It is unknown whether the claimant has received prior psychological services. Additionally, there is no current psychological

evaluation/consultation that would assess the claimant's current symptoms and need for further treatment. The CA MTUS recommends the use of psychological interventions for the treatment of chronic pain and follows a stepped-care approach. The guidelines state that for step 2: "Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Although it has been suggested by [REDACTED] that the claimant would benefit from psychological interventions, a consultation has not been provided. Therefore, the request for psychotherapy sessions is premature. As a result, the request for "6 psychotherapy sessions" is not medically necessary. It is suggested that a consultation/evaluation by a psychologist be completed prior to a request for further treatment