

Case Number:	CM13-0044370		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2009
Decision Date:	04/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided for this independent review, this patient is a 52 year old female who reported an occupational related injury on February 17th 2009. During the normal course of her work duties, while she was attempting to help a client into a car, she fell and twisted her right knee. She was initially treated with conservative medicine but subsequently was found to have a condition where surgery was recommended. She is now status post two right knee surgeries, and she continues to report experiencing near constant pain in the right knee that radiates both up and down her leg. Conventional and surgical efforts have not improved the situation significantly. She experiences the pain as burning and has been diagnosed with Complex regional pain syndrome, Type 1. Psychologically she has become increasingly depressed and she has been diagnosed with chronic pain syndrome associated with both psychological factors (moderate depression and mild anxiety), and a general medical condition. She also has a psychological diagnosis of Depressive Disorder, NOS (Not Otherwise Specified). A request for 1pain psychology evaluation with six sessions of treatment was made. The request was modified to be 1 psychological evaluation only. This independent medical review will reconsider the decision of a modification to the request to only authorize the evaluation and not the treatment of six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY EVALUATION WITH SIX (6) TREATMENT SESSIONS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: This request for treatment combined both the pain psychological evaluation and six sessions of treatment. The non-certification of this request contained a modification to authorize the pain psychological evaluation and to not certify the six sessions of therapy. This reflects the proper procedure to have a psychological evaluation completed which would then specify if in fact psychotherapy sessions are needed and for exactly what diagnosis is being treated if there is one. The request for treatment before the completion of the evaluation upon which such treatment would be based puts the cart before the horse. Once the evaluation is completed the treatment request can be made. At the time of this review, the evaluation was completed in December of 2013 and was included for this review. A request for treatment with cognitive behavioral therapy is recommended as long as it conforms to the proper guidelines as stated. That would be to allow for an initial block off three to four cognitive behavioral therapy sessions and if there is documented objective functional improvement a total of up to 6 to 10 visits over a five to six weeks could be authorized. The original request for 6 sessions is exceeding the proper procedure of an initial block of 3- 4 sessions by 2-3 sessions. It will be important for any treating therapist to properly document any functional improvements that are derived, if any, from the initial block of sessions. Therefore, The request of pain psychology evaluation with six (6) treatment sessions is not medically necessary and appropriate.