

<b>Case Number:</b>	CM13-0056063		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 38-year-old male who report an injury on 02/21/2013 after a twisting motion while exiting a truck. The injured worker reportedly sustained an injury to the left ankle. The injured worker's treatment history included chiropractic care, physical therapy, a TENS unit, a back brace, acupuncture, shockwave therapy and medications. The injured worker was evaluated on 10/24/2013. It was noted that the injured worker had increased pain rated at a 9/10. Evaluation of the injured worker's ankles and feet documented tenderness to palpation of the left ankle and foot, a positive ankle inversion test eliciting pain. The injured worker's diagnoses included lumbar strain, lumbago, displacement of lumbar intervertebral disc without myelopathy, pain in joint involving the left ankle, mixed disorders as reaction to stress, and insomnia unspecified. The injured worker's treatment plan included chiropractic care, physiotherapy, and acupuncture treatments. It was also recommended that the injured worker use a left ankle support brace to assist in avoidance of exacerbation of the injured worker's current injury. A request was submitted for a functional restoration program and psychotherapy. There was no justification provided for the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-16 SESSIONS WITH PSYCHOTHERAPIST:** Upheld

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

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

**Decision rationale:** The requested 12 to 16 sessions with a psychotherapist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers who have psychological impairments that could delay recovery. However, a trial of 3 to 4 treatments with objective functional improvement is recommended as the basis for continuing treatment. There was no clinical documentation submitted for this injured worker to support that cognitive behavioral therapy would be appropriate for this injured worker. Additionally, there is no documentation that the injured worker has undergone a trial of 3 to 4 psychotherapy treatments. The request exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 to 16 sessions of psychotherapy is not medically necessary or appropriate.

**FUNCTIONAL RESTORATION PROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Program Page(s): 30.

**Decision rationale:** The requested functional restoration program is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends functional restoration programs for injured workers who have been appropriately identified with physical and psychological evaluations to benefit from a multidisciplinary program. Additionally, it is recommended that all lower treatments of conservative care be exhausted prior to a functional restoration program. The California Medical Treatment Utilization Schedule recommends a treatment duration of 80 hours to establish the efficacy of this treatment modality. The clinical documentation did not provide any justification for a functional restoration program. Additionally, the request as it was submitted does not specifically identify a duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested functional restoration program is not medically necessary or appropriate.