

Case Number:	CM13-0071585		
Date Assigned:	01/08/2014	Date of Injury:	07/16/2008
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

Based on the medical records provided for this independent review, this patient is a 60 year old male who reported an industrial/occupational injury on 7/16/2008. On that date he was he was employed as a real estate assistant for [REDACTED], he had been engaged in his usual administrative clerical duties when he fell sharply to the ground and injured his right knee when getting off an elevator. He subsequently underwent orthoscopic surgery on the right knee. There was subsequent deterioration of his condition and increased pain; he was not able to tolerate much physical therapy and has intermittent swelling. The pain is noted to be constant and continuous. With regards to his psychological condition, he has problems with anxiety, disorder thinking and depression. His depressive state is characterized by significant helplessness and hopelessness related to this chronic pain condition: he is socially withdrawn and uncertain about his future and having panic attacks frequently. He reports it can take him up to 4 hours to get dressed with him as an example of his overall level of functioning. Sleep is equally disturbed and he is distraught that he is in his prime early years and unable to be productive. There is mention of anhedonia and avoidance of crowds. He appears to have panic episodes and feels that people might be laughing at him reports that he is having difficulty with even just meeting physicians and doctors. He's also fearful that he will fall again due to instability in pain in his knees. The patient has a diagnosis with major depressive disorder, panic disorder with agoraphobia, and panic disorder associated with both psychological factors and the general medical condition. There also appears to be underlined personality issues of avoidance, dependence and obsessive-compulsive like treats and possible somatoform factor and mechanism. He has been taking Cymbalta. Psychotherapy and biofeedback have been used with good results based on patient report. There is a notation that he is an appropriate candidate for

total knee replacement, however the patient is hesitant to take this opportunity for reasons that are unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PSYCHOTHERAPY VISITS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress chapter:topic Psychotherapy.

Decision rationale: The patient remains in clear psychological distress and very poor level of functioning. His insurance utilization review determined that he was eligible for four additional sessions not six so a modification was provided that allowed for four sessions with two sessions non-certified. It appears that the patient has had between 12 to 15 prior sessions of psychotherapy to date and there was an abrupt discontinuation of the sessions which reportedly caused him to regress. The decision to offer the patient four psychotherapy visits as a modification of the requested six sessions was based on the MTUS guidelines of 10 session maximum for CBT. But the California MTUS does not specifically address the use of Psychotherapy for the treatment of depression caused by chronic pain although the official disability guidelines (ODG) do specify that up to 13 to 20 visits individual therapy to be offered. The requirement of the patient showing objective functional improvement is only tenuously supported but the medical record but sufficient to allow for treatment to be considered medically necessary.