

Case Number:	CM14-0001346		
Date Assigned:	01/22/2014	Date of Injury:	06/20/2003
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 48 year-old female with a date of injury of 6/20/03. The claimant sustained an injury to her knees when she fell after being hit by a soccer ball. The claimant sustained this orthopedic injury while working as a teacher for the [REDACTED]. In a progress note dated 11/13/13, [REDACTED] diagnosed the claimant with knee pain, reflex sympathetic dystrophy of the lower extremity, PTSD, chronic pain not elsewhere classified, and neuralgia. Although there are several progress notes offered for review from the treating psychiatrist, [REDACTED], none of them list a diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF COGNITIVE BEHAVIOR THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS regarding the behavioral treatment of chronic pain was used as reference for this case, as were the Official Disability Guidelines regarding the cognitive behavioral treatment of depression. Based on a review of the medical records, the

claimant has been receiving medication management services from [REDACTED] for over 10 years. In a progress note dated 1/31/13, [REDACTED] stated a future request for evaluation and treatment by [REDACTED], including ten psychological counseling sessions. It is unclear from the records offered for review as to whether the claimant was authorized for those sessions and if so, whether they were completed. There are no records from [REDACTED] included for review that could offer this information. Without information about current or recent completed psychological services, the need for further sessions cannot fully be determined. As such, the request is not medically necessary.