

<b>Case Number:</b>	CM14-0007007		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Occupational Medicine 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 patient is a 63-year-old male who has submitted a claim for chronic pain disorder, sciatica, lumbosacral neuritis, bilateral knee replacement, and depressive disorder associated with an industrial injury date of March 28, 2011. Medical records from 2013-2014 were reviewed, the latest of which dated January 8, 2014 revealed that the patient reports his symptoms remains the same with the exception that having done the functional restoration program, he thinks he can now lift more than before. The depiction of symbols on the pain drawing on this evaluation date is the same as that on December 12, 2012. On physical examination, there are surgical incisions at the bilateral knees from previous arthroplasties. There is generalized tenderness of the bilateral knees. Active range of motion is from 0-120 degrees on the left and 0-130 degrees on the right. There is anterior ligamentous laxity on the left more than the right. On examination of the lumbosacral region, there is limitation in active range of motion to approximately of the expected range. There is tenderness in the midline between L4 and sacrum. He cannot squat more than a third of the way down because of knee pain. On the clinical evaluation done last December 6, 2013, the patient shows evidence of active participation and significant benefit. There is a 75% reduction in his symptoms of anxiety and depression, as well as improvements in mood and mental status. The patient is better and able to cope and manage with his chronic pain. He is managing his symptoms of anxiety and depression very effectively through application of various cognitive behavioral therapy techniques. He is significantly less isolated and more engaged with his community and his family Treatment to date has included right total knee replacement (9/21/11), right knee surgery (2/2012), left knee replacement (1/2010), functional restoration program (completed on 12/6/13), psychological therapy, knee braces, chiropractic therapy, physical therapy, and medications which include Neurontin, Zanaflex, Opana, Norco, and Sulindac. The utilization review from December 17, 2013 modified the request for

Outpatient Aftercare sessions with Psychologist for six (6) sessions to be done at [REDACTED] Functional Restoration Program ([REDACTED]) to Outpatient Aftercare sessions with Psychologist for (2) sessions to be done at [REDACTED] Restoration Program ([REDACTED]) because based on the patient's previous six weeks of treatment in the program and noted gains, 2 sessions should be substantial to complete the transition.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OUTPATIENT AFTERCARE SESSIONS WITH PSYCHOLOGIST FOR SIX (6) SESSIONS TO BE DONE AT [REDACTED] FUNCTIONAL RESTORATION PROGRAM (SFFRP): Upheld**

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

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

**Decision rationale:** According to page 23 of the Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient had previous psychotherapy; however, the outcome is unknown due to lack of documentation. The patient completed 6 weeks of functional restoration program last December 2013 with noted relief of symptoms and functional improvement. Additional psychotherapy was requested to consolidate the gains from the functional restoration program and make a successful transition into the context of his daily life. However, the most recent clinical evaluation contains insufficient information that warrants further treatment with psychotherapy. There is no clear indication at this time to necessitate adjunct psychotherapy. Therefore, the request for Outpatient Aftercare Sessions with a Psychologist for six (6) sessions to be done at [REDACTED] [REDACTED] Functional Restoration Program ([REDACTED]) is not medically necessary.