

Case Number:	CM14-0101813		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2012
Decision Date:	11/12/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on July 9, 2012. The mechanism of injury was stated to be catching his foot when climbing into a van. Previous treatment has included aquatic therapy, an immobilizing boot, physical therapy, and oral medications, as well as several sessions of cognitive behavioral therapy including the most recent session dated August 22, 2014. Current medications are stated to include Lyrica, Percocet, Pamelor, Nucynta, Cymbalta, and Celebrex. Previous surgery for the right ankle included a chondroplasty, synovectomy, and exostectomy performed on April 10, 2013. The most recent progress note, dated October 13, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Pain is rated at 6/10 on the visual analog scale. The physical examination demonstrated decreased lumbar spine range of motion. There was tenderness and taut fibers along the lumbar spine and left ankle. Diagnostic imaging studies of the right ankle dated March 26, 2014 revealed a hint of a subchondral cyst at the lateral aspect of the talar dome as well as a potential loose body. A request had been made for a psychiatric evaluation then six treatment visits, additional cognitive behavioral therapy x 12 sessions, and computed tomography of right ankle and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation x 1 and treatment x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and generally well accepted for individuals with pain problems as well as more widespread use in chronic pain populations. However, a review of the injured employees record indicates that he has already had a comprehensive cognitive behavioral evaluation performed on January 30, 2014 and is already participating in cognitive behavioral therapy sessions led by a licensed psychologist. Considering this, it is unclear why a request for a psychiatric evaluation and additional treatment is medically required. According to the medical records, it appears that the goals of the request have already been established. This request for a psychiatric evaluation and six treatment visits is not medically necessary.

Additional cognitive behavioral therapy x 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, cognitive behavioral therapy, updated October 23, 2014

Decision rationale: According to the Official Disability Guidelines 13 to 20 visits of cognitive behavioral therapy are recommended if progress is being made. The attached medical record indicates that the injured employee has participated in 14 of 22 visits. The progress note dated August 22, 2014, indicates that the injured employee's symptomatic complaints and depression as well as anxiety have remained the same. However, there has been improvement in tolerance for work as well as strength and endurance. Considering that the injured employee was already approved for 22 visits of cognitive behavioral therapy, this request for an additional 12 visits is not medically necessary or supported by the guidelines. The notes reflect minimal if any gains and there are additional, previously approved sessions to be completed. Because these visits have not been completed, the efficacy of the protocol is unknown, therefore an additional 12 sessions of cognitive behavioral therapy is not medically necessary. According to the Official Disability Guidelines 13 to 20 visits of cognitive behavioral therapy are recommended if progress is being made. The attached medical record indicates that the injured employee has participated in 14 of 22 visits. The progress note dated August 22, 2014, indicates that the injured employee's symptomatic complaints and depression as well as anxiety have remained the same. However, there has been improvement in tolerance for work as well as strength and endurance. Considering that the injured employee was already approved for 22 visits of cognitive behavioral therapy, this request for an additional 12 visits is not medically necessary or supported by the guidelines. The notes reflect minimal if any gains and there are additional, previously approved sessions to be completed. Because these visits have not been completed, the efficacy of the

protocol is unknown, therefore an additional 12 sessions of cognitive behavioral therapy is not medically necessary.

Computed Tomography (CT) of right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Ankle and Foot, Computed Tomography, Updated October 29, 2014

Decision rationale: According to the Official Disability Guidelines, computed tomography (CT) is recommended to further evaluate bony masses and suspected fractures not clearly identified on plain radiographs. The injured employee has had recent radiographs of the right ankle which indicates an injury to the talar dome and a loose body. Based on the X-ray report presented, the pathology has been objectified. Therefore, it is not clear what a CT would do to advance the diagnosis or the treatment plan. Considering this, this request for a CT is not medically necessary.