

<b>Case Number:</b>	CM14-0102220		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family 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 injured worker is a 51 year old male whose date of injury is 11/02/2009. The injured worker was unloading boxes when he slipped and hit his head. Treatment to date includes left knee surgery on 05/22/14, lumbar epidural steroid injection and facet injections, physical therapy, medication management, biofeedback and individual psychotherapy. Office visit note dated 05/02/14 indicates that the injured worker complains of chronic low back and left knee pain. Cymbalta has been helpful with regard to his depressive symptoms. Diagnoses are lumbar disc displacement without myelopathy, and pain in joint lower leg. The injured worker underwent left knee arthroscopic partial medial meniscectomy on 05/22/14. Visit note dated 06/03/14 indicates that he has been healing nicely and will soon start postoperative physical therapy. He reports his depression has worsened and Cymbalta was not authorized. Per utilization review dated 06/04/14, the injured worker was authorized for psychology consultation and 6 sessions of cognitive behavioral therapy as well as 2 follow up sessions with psychiatrist. Note dated 08/08/14 indicates that the injured worker has depressive symptoms and suicidal ideation. However, he does not have a plan or means.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) follow-up visits with the psychologist for Cognitive Behavioral Therapy:**  
Upheld

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

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

**Decision rationale:** The injured worker was authorized for 6 sessions of cognitive behavioral therapy in June; however, the injured worker's objective functional response to these sessions is not documented to establish efficacy of treatment. The California Medical Treatment Utilization Schedule guidelines support up to 10 visits of cognitive behavioral therapy and support ongoing therapy only with evidence of objective functional improvement. Therefore the request is not medically necessary.

**Prospective request for six (6) follow-up sessions with psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The injured worker was authorized for 2 follow up visits in June; however, there are no reports submitted for review from these authorized sessions. There is no clear rationale provided to support 6 follow up sessions at this time. Therefore, medical necessity is not established in accordance with California Medical Treatment Utilization Schedule guidelines. Therefore the request is not medically necessary.