

Case Number:	CM14-0109014		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2012
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Interventional Spine 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 42-year-old female with date of injury of 11/22/2012. The listed diagnoses per Dr. [REDACTED] dated 05/19/2014 are: 1. Sprain/strain of the right wrist. 2. Sprain/strain of the left wrist. 3. Sprain/strain of the right ankle. 4. Meniscal tear/contusion of the left knee. 5. Sprain/strain of the lumbar spine. 6. Status post left knee arthroscopy, meniscectomy, chondroplasty, and microfracture repair of the trochlear groove dated 12/05/2013. According to this report, the patient complains of low back pain that radiates down her left leg. She rates her pain 6/10. She also complains of left knee pain which she rates her knee pain 5/10. She states she is working and denies any new injuries or accidents since her last visit. The objective findings show there is tenderness noted in the lower lumbar spine with spasms. There is tenderness noted in the medial joint of the left knee with +1 crepitus. Active ranges of motion of the bilateral knees are diminished upon flexion. The utilization review denied the request on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy times 16 for multiple body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: This patient presents with low back pain and left knee pain. The provider is requesting 16 cognitive behavioral therapy visits. The MTUS Guidelines page 23 on behavioral interventions states that "it is recommended in the identification and reinforcement of coping skills in the treatment of pain." ODG recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to a total of 6 to 10 visits over 5 to 6 weeks. In this case, while the patient can benefit from an initial trial of CBT, the requested 16 visits exceed ODG's recommended initial 3 to 4 visits over 2 weeks; therefore, the request for 16 visits of Cognitive Behavioral Therapy for multiple body parts is not medically necessary.