

<b>Case Number:</b>	CM14-0137584		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

This is a 39-year-old female patient who reported an industrial injury to her knee on 3/19/2013, 18 months ago, attributed to the performance of her customary job tasks. The patient was reported to have chronic knee pain. The patient was noted to be status post arthroscopic surgical intervention to the left knee with residual 4/10 pain and numbness along the posterior calf. The patient is prescribed Tylenol and Naproxen. The treating diagnoses included status post left knee arthroscopy with extensive debridement hypertrophic synovitis with inflamed medial plica, reactive depression, and diabetic with no history depression now was stating that she had depression with suicidal ideation after injury. The patient was initiated on Effexor. The patient was prescribed six sessions of CBT along with a consultation with a psychiatrist. The request was modified to a psychiatric evaluation and four sessions of CBT in order to establish functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Sessions of Cognitive Behavior Therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 115, 224-26. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Mental Stress Chapter--psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions

**Decision rationale:** The patient was prescribed six sessions of cognitive behavior therapy (CBT) by the requesting physician and was authorized four (4) sessions of CBT along with the requested psychiatric evaluation in order to establish functional improvement through the use of cognitive behavioral therapy. There is no demonstrated medical necessity for the provision of more than four initial sessions in order to establish functional improvement. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The patient has received prior session of CBT. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The patient is noted to have postoperative knee pain; however, there is no clear nexus to the cited industrial injury for the reported ongoing depression. The ACOEM guidelines state, "that there is sufficient evidence to support the medical necessity of psychological consultations and treatment for chronic pain issues; however, patients should be evaluated psychologically to explore factors maintaining chronic pain and disability and to facilitate recovery and restoration of function." The Official Disability Guidelines recommend that psychological evaluations are used "not only with selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury. There is no demonstrated medical necessity for the provision of six sessions of CBT over the authorized four sessions of CBT for evaluation of functional improvement in relationship to the patient's chronic knee pain.