MAXIMUS Federal Services

Case Number:	CM14-0164520		
Date Assigned:	10/09/2014	Date of Injury:	10/12/2011
Decision Date:	11/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 licensed in Psychologist and is licensed to practice in Texas and Oklahoma. 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 59 year old female who reported an injury on 10/12/2011. The mechanism of injury was not provided in the documentation. She is diagnosed with low back pain and right knee pain. Her past treatments included medications and a right knee brace. The injured worker had an MRI on 12/02/2011 and 11/20/2013, bilateral L3, L4, and L5 dorsal medical branch block with negative response on 02/02/2014 and an x-ray on 05/14/2014. She is status post meniscal repair on 04/11/2012. On 09/17/2014, the injured worker complained of still having a difficult time dealing with the knee pain. The injured worker stated that the pain was fairly constant with medication but without medications, it is an 8/10, and 4/10 with medication. Other therapies included bracing. On physical examination, the injured worker had tenderness over the right knee lateral joint line, range of motion was 0 to 110 degrees, and crepitus noted to the right patella with flexion and extension. Prescribed medication included Norco with dosage and frequency not documented. The rationale for the request was that the psychotherapy sessions would be necessary to help the injured worker cope with the chronic pain for the knees, back, and wrist injuries. The Request for Authorization for was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

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

Decision rationale: The request for additional 6 sessions of cognitive behavioral therapy is not medically necessary. The California MTUS Guidelines recommend behavior interventions. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) can be given. There is no quantified information regarding previous cognitive behavioral therapy to know how many sessions she has already completed, the progress made with the previous sessions, and no results from a Fear-avoidance beliefs questionnaire. As such, the request for additional 6 sessions of cognitive behavioral therapy is not medically necessary.