

<b>Case Number:</b>	CM14-0020578		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 45-year-old female with a 11/12/10 date of injury. The mechanism of injury was not noted. In a 3/14/14 progress note, the patient complained of continued left foot pain. She has had multiple surgeries and continued pain. She rated her pain as a 3/10 with medications on a pain She had received shoes, but they are too small as he has new insoles which do not fit in the shoes provided. The patient is scheduled for psychological evaluation. Objective findings include ankle swelling at medial malleolus, swelling at lateral malleolus and presence of a scar, ankle tender to palpation, pain with dorsi flexion, pain with plantar flexion, tender to palpation at lumbar spine, tender to palpation at joint line and at greater trochanter bilaterally. The diagnostic impression shows ankle pain, and joint pain. Treatment to date includes medication management and activity modification. A UR decision dated 2/18/14 modified the request for 8 pain psychology sessions to approve one psychological evaluation. The patient has chronic pain with depression and anxiety. As an evaluation has not been performed, treatment cannot be authorized. Thus, due to the documentation of depression, the request is modified to approve a psychological evaluation; only to allow for treatment recommendations to be made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY X EIGHT (8) SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and to address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, MTUS Guidelines support an initial trial of 4 psychotherapy visits. According to progress reports dated 9/10/13 and 11/8/13, it is documented that the patient complained of anxiety and depression. However, in the most recent progress note dated 3/10/14, the patient denied anxiety and depression. The patient is scheduled for a psychological evaluation. There is no rationale as to why psychotherapy visits are indicated for this patient at this time since the initial psychotherapy consultation has not yet been performed. Furthermore, this request is for eight sessions, and guidelines only support an initial trial of 4 psychotherapy visits. Therefore, the request is not medically necessary.