

<b>Case Number:</b>	CM14-0027752		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Psychiatry 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 claimant is a 52-year-old male with a date of injury 12/02/2002. Date of UR decision was 02/12/2014. Report from 01/24/2014 indicates that IW has bilateral knee pain. Report indicates that IW has been diagnosed with Unspecified Major Depression, recurrent episode and is taking Venlafaxine 37.5 mg BID with some improvement in his mood. The injured worker (IW) was prescribed Butrans patch for pain but was discontinued as he violated the narcotic contract by testing positive for THC, however later it was restarted once the IW tested clean. Report from 02/18/2014 indicates that he is frustrated regarding services being denied and reports intermittent suicidal ideations without a plan. The injured worker reports problems with concentration, which he attributes to his current living situation and chronic pain condition. Psychiatric review of symptoms is positive for depression, anxiety and suicidal thoughts. Report from 04/15/2014 suggests that the knee pain is related to posture and movement and worsens with standing, walking. Psychiatric review of systems is negative for anxiety, confusion, fatigue. Report from 05/13/2014 indicates that the IW continues to suffer from bilateral knee pain and wishes to continue conservative treatment at this time. Report from 06/10/2014 indicates that he continues to see the clinical psychologist for the pain. A psychological evaluation from 1/17/2014 lists diagnosis of Major Depressive disorder, recurrent, moderate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(CBT)COGNITIVE-BEHAVIORAL THERAPY TIMES 12 AND MEDICATION EVALUATION TIMES 3 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Office visits Stress related conditions.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker would benefit from Cognitive Behavioral Therapy for chronic pain in his bilateral knees. However, MTUS suggests an initial trial of 3-4 psychotherapy visits over 2 weeks and total of up to 6-10 visits over 5-6 weeks based on evidence of objective functional improvement. The request for 12 Cognitive Behavioral Therapy is excessive and not medically necessary at this time. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." The most recent Progress report from 06/10/2014 indicates that the IW continues to take Venlafaxine 37.5 mg BID and has symptoms of anxiety and depression related to chronic pain. He denies hallucinations and suicidal thoughts. The IW continues to be on a low dose of Venlafaxine, which seems to be partially treating his symptoms. He could benefit from specialty referral but the request for 3 medication management sessions is excessive and not deemed as medically necessary.