MAXIMUS Federal Services

Case Number:	CM14-0038626		
Date Assigned:	06/27/2014	Date of Injury:	08/17/2010
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 & 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 injured worker is a 30-year-old male who was reportedly injured on 8/17/2010. The mechanism of injury was noted as a crush injury. The most recent progress note dated 2/20/2014, indicated that there were ongoing complaints of pain of the left lower extremities. The physical examination demonstrated the injured employee with an antalgic gait with a cane and able to get on heels/toes with difficulty. Right and left lower extremity showed full range of motion of the hips, knees, ankles bilaterally. Muscle strength was against light resistance and for flexion/extension of the left lower leg. The injured employee denies that light touch was painful to the left leg. Decreased range of motion of the left ankle was with inversion. Deep tendon reflexes were equal bilaterally. Decreased sensation to light touch anteriorly in the left lower leg, in the region between the 2 skin graft scars. The patient was oriented to time, place, and person with appropriate mood and no signs of depression, anxiety, or attestation. Speeches were of regular rate and rhythm. No recent diagnostic studies were available for review. Previous treatment included injections, physical therapy, medications, psychological counseling, and conservative treatment. A request had been made for cognitive behavioral therapy consultation and was not certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127, Official Disability Guidelines cognitive behavioral therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), updated 7/10/2014. Cognitive behavioral therapy/psychological treatment.

Decision rationale: Cognitive behavioral therapy is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. After reviewing the medical documentation provided it is noted the injured worker does have Complex regional pain syndrome of the left lower extremity and issues with anxiety and depression. He has been sent for a psychological testing report. It was noted the patient had no issue applying for work and remains off because of his candor, regarding his disability when filling out job applications. At this time, there is not enough medical documentation supporting the need for cognitive behavioral therapy. Therefore the request is not medically necessary.