MAXIMUS Federal Services

Case Number:	CM14-0043445		
Date Assigned:	06/30/2014	Date of Injury:	09/05/2001
Decision Date:	07/31/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Psychology, 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 50 year-old female ([redacted]) with a date of injury of 9/5/01. The claimant sustained injury to her right knee when she tripped over a box and fell onto her knee while working for [redacted]. In his PR-2 report dated 6/10/14, [redacted] diagnosed the claimant with: (1) Osteoarthritis, lower leg worse; (2) DJD knee: worse; and (3) Chronic pain syndrome: worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient one cognitive behavior evaluation and four cognitive behavior therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Psychological treatment , Behavioral interventions, Psychological evaluations Page(s): 101-102, 23, 100-101.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment, behavioral interventions, and psychological evaluation in the treatment of chronic pain will be

used as references for this case.Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in 2001. It appears that her symptoms have exacerbated in recent months. As a result, [redacted] requested a psychological evaluation as well as treatment in order for the claimant to develop pain coping skills. Although a referral for a psychological evaluation appears reasonable, the request for outpatient one cognitive behavior evaluation and four cognitive behavior therapy sessions encompasses both an evaluation and follow-up treatment. The follow-up treatment at this time appears premature. As a result, the request for outpatient one cognitive behavior evaluation and four cognitive behavior therapy sessions is not medically necessary.It is suggested that future requests not be combined and instead, be separated into their own requests.