

Case Number:	CM14-0045606		
Date Assigned:	06/27/2014	Date of Injury:	05/17/2012
Decision Date:	09/24/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 32 year old male. The date of injury is May 17, 2012. The patient carries a primary diagnosis of internal derangement of the knee. The exact mechanism of injury was not elaborated on the notes available for review. The patient complains of knee pain as well as depression. The patient has previously undergone a course of cognitive behavioral therapy times 20 sessions. A request for an additional six sessions of cognitive behavioral therapy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines/Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic, Cognitive Behavioral Therapy (CBT).

Decision rationale: According to the MTUS, Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. psychological intervention for

chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). 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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: "Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. Further, the ODG also comment on CBT. The current evidence-based guidelines support the use of cognitive therapy for the treatment of stress related conditions. The official disability guidelines recommend cognitive therapy for depression. And initial trial of six visits over six weeks is recommended. A total of up to 13 to 20 visits over 13 to 20 weeks are recommended with evidence of objective functional improvement." According to the documents available for review, the patient has previously undergone a total of 20 sessions of cognitive behavioral therapy. The MTUS and the ODG do not appear to support more than 20 cognitive behavioral therapy sessions. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.