

<b>Case Number:</b>	CM14-0056606		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas. 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 51-year-old female who reported injury on 07/09/2009 of unknown mechanism. The injured worker complained of knee pain. The psychological progress note dated 03/18/2014 stated that the injured worker was going to change over to the [REDACTED] and that she had an appointment with a psychiatrist over there. The injured worker was noted to have a cooperative attitude, engaging mood, appropriate affect, normal speech, and normal thought process at the time of the visit with no suicidal ideations or homicidal ideations. The injured worker had a [REDACTED] done on 07/2013; however, it could not be used because she made so many atypical and rarely given responses on the test, they were unable to interpret it. The clinical documentation does not provide a psychological diagnosis; however, she does have diagnoses of left knee contusion, chronic left knee pain, status post left knee arthroscopy with chondroplasty of the femoral groove and lateral tibial plateau. Her medications were Paxil 30 mg, Trazodone HCL 150 mg, Norco 7.5/325 mg, Ultram 50 mg, and Wellbutrin XL 150 mg, Lidoderm 5% patch and Naprosyn 500 mg. The documentation showed that she had some past treatments of psychological services; however, there is no clear documentation as to how she responded to the services. The treatment plan is for decision for 1 session per month of cognitive behavior therapy. The request for authorization form was not submitted for review. There is no rationale for the request for 1 session per month of cognitive behavior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One session per month of cognitive behavior therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral guidelines for chronic pain Page(s): 23.

**Decision rationale:** The request for 1 session per month of cognitive behavior therapy is not medically necessary. The injured worker complained of knee pain. She had past treatments of psychotherapy; however, there is no clear documentation as to the response to the therapy. California MTUS chronic pain medical treatment behavioral interventions and cognitive behavioral therapy (CBT) guidelines for chronic pain suggest screening patients with risk factors for delayed recovery, including fear avoidance beliefs with the fear-avoidance beliefs questionnaire (FABQ), that initial therapy for the "at risk" patient should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine, to consider separate CBT referral after 4 weeks if physical medicine does not work alone; an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks of individual sessions. The documentation does not support response to previous psychotherapy sessions; therefore, the request for 1 session per month of cognitive behavior therapy is not medically necessary.