

<b>Case Number:</b>	CM14-0061175		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 36-year-old male with a 12/20/11 date of injury, when he was thrown off the palate jack machine and landed on his feet, injuring his right foot and right knee. The patient was seen on 10/18/13 and complained of depression, restlessness, fatigue and hopelessness. He was diagnosed with anxiety disorder with narcissistic trait disturbance on 11/4/13. The patient underwent right foot and ankle surgery on 2/12/13. The patient was seen on 1/27/14 with complaints of the right heel and right knee pain. He completed 8 psychotherapy sessions and stated that his depression decreased. The patient was seen on 4/11/14 with complaints of low back pain radiating down to the right leg and foot. He completed 16 sessions of physical therapy and was exercising at home. He also complained of 7-8/10 foot pain and 8/10 right knee pain and 10/10 lower back pain. Exam findings revealed pain with palpation in the area of the plantar heel and proximal medial fascia. The UR note dated 4/17/14 stated that formal request for DPM was not made and that the patient should continue to see his ankle and knee surgeons (per the telephone conversation with the patient's nurse). The diagnosis is plantar fasciitis. Treatment to date: physical therapy, medications, work restrictions, nerve blocks and psychotherapy. An adverse determination was received on 4/17/14. The request for additional 8 sessions of psychotherapy was denied due to a lack of documentation from the previous 8 sessions of the therapy and a lack of detailed notes from the provider. The request for follow up visit post-right knee MRI was approved to discuss the results and make alterations to the plan of care. The request for follow up with DMP was denied due to a lack of official request for a referral to the DMP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of additional psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The patient accomplished 8 sessions of psychotherapy, however there is a lack of documentation indicating subjective functional gains from the treatment. In addition, there is no rationale with regards to additional 8 psychotherapy sessions and clearly specified goals. Therefore, the request for eight sessions of additional psychotherapy is not medically necessary or appropriate.

**Follow- up for post right knee MRI: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation & Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits.

**Decision rationale:** CA MTUS does not specifically address the issue. ODG states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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 UR decision dated 4/17/14 approved the request for the follow- up visit post-right knee MRI. Therefore the request for Follow- up for post right knee MRI is not medically necessary or appropriate.

**Follow-up with DPM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Chapter 7, page 127, Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits Official.

**Decision rationale:** CA MTUS does not specifically address the issue. ODG states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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 previous reviewer spoke with the patient's nurse on 4/17/14 regarding the request for consultation with DPM. It was noted that the nurse stated that the request for the consultation was not officially made and that the patient should continue to see his ankle and knee surgeons. There is no rationale, with regards to the request. Therefore, the request for follow up with DPM is not medically necessary or appropriate.