

<b>Case Number:</b>	CM14-0085449		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Board Certified in Physical Medicine and Rehabilitation and Pain Medicine 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 41-year-old-male, who sustained an industrial injury on 06/02/2011 due to a fall with a resulting fracture of his leg. He underwent ORIF and received 12 physical therapy sessions. He underwent another surgery to remove the screws a year later, and then knee arthroscopy to clean up cartilage and scar tissue. Another 12 sessions of physical therapy and acupuncture were obtained after that surgery. Behavioral and Psychological Complaints: He reports experiencing feelings of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, a lack of motivation, irritability, sleep disturbance, and appetite changes. Report dated 04/30/14, states the patient still has a great deal of pain and discomfort involving bilateral knee, back, right ankle and emotionally feels distressed. He continues to use Norco for pain control. He was also prescribed Celexa for depression. Physical exam: The patient presents without the aid/assistance of any orthopedic device. Range of motion of knees flexion, extension is within normal limits bilaterally. Right knee pain reported in all planes. McMurray's, Anterior Drawer, Clark's and Apley's tests were positive on the right. Deep tendon reflexes in bilateral lower extremities tested with normal limits, rated +2/4. Sensory examination was normal. No areas of hypoesthesia or hypersensitivity noted. Motor strength was rated equal at 5/5. Diagnoses are: Status post right knee surgery on June 2, 2012; Cervical disc injury; cervical sprain/strain injury; myofascial pain syndrome; possible cervical radiculopathy; right shoulder sprain/strain injury; B/L knee internal derangement; S/P right knee surgery, lumbosacral sprain/strain injury. Recommendation made for a Functional Restoration Program. Differential Diagnostic Impression includes Pain Disorder with both psychological factors and a general medical condition; Adjustment disorder with mixed depression and anxiety; Severe psychosocial stressors. Clinical Psychologist recommendations referral to a psychiatrist for medication evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Psychology sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** Per ODG guidelines, cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Psychotherapy guidelines allow Initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks for chronic pain and initial 6 visits over 6 weeks and total up to 13-20 visits over 13-20 weeks individual sessions with evidence of objective functional improvement for depression. In this case, the injured worker is experiencing symptoms of depression, in which psychotherapy is recommended. The request was previously modified to initial 4 sessions. However, the outcome of previous psychotherapy sessions is unclear. Furthermore, the request for 20 psychotherapy sessions would exceed the ODG guidelines; thus not medically necessary.

**Functional Restoration Program Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP) Page(s): 30.

**Decision rationale:** FRP is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result insignificant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success below have been

addressed. Predictors of success and failure: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. In this case, there is no evidence an adequate and thorough evaluation has been made, including baseline functional testing. There is no documentation of significant loss of ability to function independently resulting from chronic pain. Furthermore, predictors of success and failure have not been addressed. Therefore, the request is not considered medically necessary at this time.