

<b>Case Number:</b>	CM15-0007386		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40-year-old male who reported an injury on 08/23/2012. The mechanism of injury was reportedly when a trailer rolled up onto his left leg. His diagnoses include pain in joint involving the lower leg, left knee pain, left knee instability, left ankle pain, left ankle instability, and left medial and lateral ligament tear. Past treatments were noted to include a knee brace and physical therapy. On 12/05/2014, it was noted the injured worker had complaints of pain to his left knee that he rated 4/10. He reported that his medications increased his activity without side effects or sedation. Upon physical examination, it was indicated that the injured worker had tenderness to the left knee joint line and decreased range of motion secondary to pain measuring flexion at 110 degrees. His muscle strength measured 4/5 to his left lower extremity. He was negative for anxiety and depression. Medications were not included in the report. The treatment plan was noted to include medications. The request was received for pain psychology consultation with 6-8 follow up visits without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychology Consultation with 6-8 follow up visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the California MTUS Guidelines, behavioral interventions are recommended. The guidelines go on to state that cognitive behavioral therapy is recommended for those being referred by a psychologist that has noted the injured worker's risk factors, including fear avoidance beliefs. The guidelines also indicate that no more than 4 visits should be necessary unless quantitative objective functional improvement is noted. In that case, no more than 10 visits are recommended. The clinical documentation submitted for review did not indicate that the injured worker had been referred or evaluated prior to this request. It was also not indicated that the injured worker has such risk factors. It was also noted that the injured worker did not have anxiety or depression. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request exceeds the guidelines, recommended duration of treatment, as there were no previous cognitive behavioral therapy sessions noted and therefore no quantitative objective functional improvement. In the absence of documentation noting previous cognitive behavioral therapy, a rationale, and a referral from the appropriate provider, the request is not supported. As such, the request for pain psychology consultation with 6-8 follow up visits is not medically necessary.