

Case Number:	CM15-0135297		
Date Assigned:	07/23/2015	Date of Injury:	07/01/2010
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 injured worker is a 64 year old female who reported an industrial injury on 7/1/2010. Her diagnoses, and or impression, were noted to include: osteoarthritis of knee; derangement and infection of the left knee; chronic pain syndrome; psychalgia; anxiety state; and depressive disorder. No current imaging studies were noted. Her treatments were noted to include a Functional Restoration Program (a few years prior); diagnostic studies; a Qualified Medical Examination in 4/2015; a home exercise program; psychological treatments; medication management; and rest from work. The progress notes of 6/19/2015 reported complaints of continued, chronic left knee pain that had not resolved. Objective findings were noted to include no acute distress and expected pain behavior for disease; a normal psychological exam; an antalgic gait favoring the left with use of cane; and decreased flexion and extension of the left lower extremity. The physician's requests for treatments were noted to include continued Psychological evaluation and treatment for pain related depression, as she found these to be helpful in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consultation and 6 follow up treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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 (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has completed a functional restoration program in the past which includes treatment with psychotherapy sessions also. However, there has been no mention of "objective functional improvement". Based on the lack of information regarding response to psychotherapy in the past, the request for Psychology consultation and 6 follow up treatments is not medically necessary.