

<b>Case Number:</b>	CM15-0208733		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female who sustained an industrial injury on 10-29-13. A review of the medical records reveals the injured worker is undergoing treatment for knee pain and osteoarthritis of the knee. Medical records (09-01-15) reveal the injured worker complains of right knee pain, which is not rated. The physical exam (09-01-15) reveals a slightly antalgic gait favoring her right lower extremity. She is able to complete about 50% of a deep knee bend. There is a deformity and swelling noted over the lateral inferior compartment of the knee and tenderness to both the medial and lateral compartments. Prior treatment includes 2 knee surgeries, and pain medications. The treating provider reports the plan of care includes physical therapy and a pain psychology evaluation and treatment. The original utilization review (09-24-15) non-certified the request for a chronic pain psychological evaluation and 6 sessions of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chronic pain psychology eval and 6 sessions to treat: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Cognitive therapy for depression and Other Medical Treatment Guidelines ACOEM Chapter 7, page 127.

**Decision rationale:** The current request is for CHRONIC PAIN PSYCHOLOGY EVAL AND 6 SESSIONS TO TREAT. The RFA is dated 09/17/15. Prior treatment includes 2 knee surgeries (2013 and 01/09/15), physical therapy and pain medications. The patient has returned to work and "is doing some mild self modifications." MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Official Disability Guidelines, Mental Illness and Stress Chapter, under Cognitive therapy for depression has the following: Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977-1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Per report 09/01/15, the patient presents with right knee pain. The physical examination revealed slightly antalgic gait favoring the right lower extremity. She is able to complete about 50% of a deep knee bend. There is a deformity and swelling noted over the lateral inferior compartment of the knee and tenderness to both the medial and lateral compartments. The request is for chronic pain psychological evaluation and 6 sessions of treatment. This is the only report provided for review. In this case, there is no discussion of depression, or any other psychological issues and the rationale for the request was not provided. ODG supports psychotherapy for patients with depression. ODG states, "Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons." Given the lack of discussion regarding the medical necessity of such treatment, the request IS NOT medically necessary.