

<b>Case Number:</b>	CM15-0028968		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

The injured worker is a 32 year old male, who sustained a work/ industrial injury on 2/16/12 working as a home repair/insulation installer and sustained a left ankle dislocation when he stepped down from a truck on top of a vacuum hose, twisting his ankle. He has reported symptoms of persistent left ankle pain and swelling, rated 9/10 at worst and 4/10 at best with medications. Left ankle surgery on 3/2014, modified Brostrom procedure, open procedure on the lateral aspect and arthroscopy over the superior aspect. Prior medical history includes prior gunshot wound, along with hypertension and diabetes mellitus. The diagnoses have included s/p left ankle surgery, insomnia, and anxiety/panic attacks. Treatments to date included casting, controlled ankle motion walker boot, surgery, physical therapy, steroid injection, compression socks, medication, and psychological treatment. Medications included Norco, Xanax, Colace, Lyrica, Ambien and Brintellix. A request was made for (12 sessions) of Psychological Treatment. The IW had a history of anxiety/panic attacks. On 2/5/15, Utilization Review non-certified a 12 Psychological Treatment Sessions, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; Chronic Pain, Psychological Evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Psychological Treatment Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

**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 had treatment with psychotherapy sessions, however there has been no mention regarding the total number of sessions completed so far or any evidence of "objective functional improvement". The request for additional 12 Psychological Treatment Sessions without any information regarding past treatment is not medically necessary.