

Case Number:	CM15-0220365		
Date Assigned:	11/16/2015	Date of Injury:	01/20/2010
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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: Psychologist

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 66-year-old male, who sustained an industrial injury on 01-20-2010. The injured worker was diagnosed as having left knee degenerative joint disease, chronic pain syndrome, right shoulder strain, left elbow medial and lateral epicondylitis, right carpal tunnel syndrome status carpal tunnel release and degenerative joint disease 1st metacarpal joint bilaterally. On medical records dated 10-06-2015 and 10-20-2015, the subjective complaints were noted as right and left knee pain. Pain was noted as 6 out of 10. Objective findings were noted as left great toe was noted to have lack of sensation to touch. And lumbar spine decreased painful range of motion was noted. Treatment to date included medication and physical therapy. Current medications were listed as Relafen, Palemo, Paroxetine, Meloxicam, Benazepril, and Keryden. The Utilization Review (UR) was dated 03-03-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for cognitive behavioral therapy, left knee-multiple lower extremities- multiple upper extremities-wrists, left and right, 1 time weekly for 6 weeks, 6 sessions was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, left knee/ multiple lower extremities/ multiple upper extremities/ wrists, left and right, 1 time weekly for 6 weeks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 8/12/15. In the subsequent report, [REDACTED] diagnosed the injured worker with a chronic pain syndrome and recommended an initial trial of 6 follow-up psychotherapy sessions. The request under review is based upon this recommendation. Regarding the psychological treatment of chronic pain, the CA MTUS recommends "an initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Based upon this guideline, the request for an initial 6 sessions exceeds the number of initial sessions set forth by the CA MTUS. As a result, the request for an initial 6 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 psychotherapy sessions in response to this request.