

Case Number:	CM14-0139003		
Date Assigned:	09/05/2014	Date of Injury:	02/20/2013
Decision Date:	10/09/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Child & Adolescent Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female who was injured at work on 2/20/2013. The injured worker slipped on a piece of plastic and felt a pain in her left knee while attempting to grab some cardboard and backing overhead. She complained of persistent left knee pain. She was diagnosed with Left Knee Enthesopathy and Left Knee Baker's Cyst. She had drainage of a ganglion cyst twice, and left knee arthroscopy and meniscectomy. She also received analgesic medication, physical therapy and acupuncture treatments. She had an MRI, and was referred for chiropractic care, and a second Orthopedic Surgeon opinion. Subsequently the pain persisted, and the injured worker developed symptoms of depressed mood. There is no documentation of a psychological evaluation. The latest progress report recommended referral to a psychologist for an evaluation for pain management and for four sessions of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology treatment sessions (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Guidelines Knee and leg, Office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) treatment of chronic pain

Decision rationale: MTUS guidelines indicate that CBT can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The guideline recommends that the initial therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The subsequent CBT treatment would begin with an initial trial of 3 - 4 sessions of CBT over 2 weeks, to be followed by up to 6 - 10 sessions over 5 - 6 weeks if there has been objective clinical evidence of functional improvement. The injured worker is diagnosed with an orthopedic injury to the left knee, with a chronic pain condition as a result. She has developed some symptoms of depression, but does not have a formal mental health diagnosis at this stage. The request is for pain psychology treatment sessions. In order to proceed with this request, the injured worker would first have to undergo a psychological evaluation, before any treatment sessions would be considered appropriate. The request for treatment sessions is therefore premature at this stage, and on that basis is not medically necessary.