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| Case Number: | CM14-0162409 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/02/2012 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Psychology 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 claimant is a 54 year-old male (██████████) with a date of injury of 10/2/12. The claimant sustained injury to his right knee, right ankle, and left knee while working as a technician for ██████████. In his "Primary Treating Physician's Progress Report and Review of Medical Records" dated 10/15/14, ██████████ offered the following assessment: (1) Right knee medical meniscus tear; (2) Right ankle avascular necrosis; (3) Left knee internal derangement secondary to right knee medical meniscus tear and right ankle avascular necrosis; (4) Reactionary depression/anxiety secondary to stress at work, financial constraints and difficulty sleeping; (5) Medication-induced gastritis; (6) Left hip sprain/strain; and (7) Non-insulin dependent diabetes. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Initial Comprehensive Psychological Evaluation" dated 10/24/13, ██████████ diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; and (2) Depressive disorder NOS (with anxiety).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT Psychotherapy (x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain as well as the Official Disability Guideline regarding the use of cognitive therapy for the treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with treating physician in October 2013. Other than treating physician initial evaluation, there are no other psychological/ psychiatric records included for review. Although it was mentioned in treating physician's evaluation that the claimant was hesitant to follow-up with him for psychotherapy since his office was quite a bit of distance from the claimant's home, it appears that treating physician did provide some psychological services for the claimant as there is a request for services submitted by treating physician from February 2014 requesting 8 psychotherapy sessions. It is assumed that those sessions were provided since the "Utilization Review Determination" letter dated 9/9/14 reports that an 8/10/14 review authorized "weekly cognitive-behavioral therapy specific to pain management X6 weeks." Because there are no psychological records, the number of completed sessions to date nor the progress from those sessions is known. The ODG indicates that following an initial trial of 6 visits, a total of 13-20 visits over 13-20 weeks may be provided as long as there is documentation that CBT is being done and there are objective functional improvements demonstrated. Without this information, the need for additional sessions cannot be fully determined. As a result, the request for "Individual CBT Psychotherapy (x6)" are not medically necessary.

Psych Battery Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding psychological evaluations (which includes testing) will be used as well as the Official Disability Guidelines regarding the use of the BDI and BHI. Based on the review of the medical records, the claimant completed an initial psychological evaluation with treating physician in October 2013. Other than treating physician initial evaluation, there are no other psychological/psychiatric records included for review. Without sufficient records, the need for psychological testing cannot be determined. As a result, the request for "Psych Battery Testing" is not medically necessary.