

Case Number:	CM14-0212323		
Date Assigned:	01/02/2015	Date of Injury:	02/14/2011
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male who got injured on 2/14/2011. He was in his usual course of duties working on an engine block with his body twisted to the left when his knee popped and gave out to the left, he reportedly fell out and had to be helped out of the engine compartment. He has had arthroscopic knee surgery. He is being managed for chronic knee pain and is currently in a wheel chair. He has been managed conservatively with physical therapy and medications. He also has severe anxiety, depression and despair and has been treated with Cognitive Behavioral Therapy and biofeedback which have provided substantial benefit. On 9/17/2014 he had an orthopedic evaluation by his primary treating physician for constant left leg pain which was described as sharp achy, throbbing, burning, numbing, tingling cramping stinging and pounding in character with spasms, rated as 6-9/10 while resting and 6-10/10 with activities, the pain radiates to his left hip and foot, his activities of daily living were severely affected due to the pain. His physical exam was significant for reduced muscle strength of 1/5 in the left lower limb with flexion and extension and range of motion was restricted due to pain, there was discoloration of the skin noted, with chronic venous stasis changes noted, sensory examination revealed extremely sensitive skin over the left lower extremity. His diagnoses included anxiety with depression, complex regional pain syndrome left lower extremity, erectile dysfunction, status post left knee surgery and status post spinal cord stimulator placement. He was evaluated by his psychologist on 12/10/14, it was recommended that he have 12 additional sessions of CBT with biofeedback for delayed recovery syndrome and to manage his chronic

pain with co-morbid depressive disorder and anxiety (panic attacks) in the hope of avoiding the use of benzodiazepines. The request is for Cognitive Behavioral therapy x 12

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy x 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Cognitive Behavioral Therapy.

Decision rationale: Per the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patients pain beliefs and coping styles, assessing psychological and cognitive function and addressing co-morbid mood disorders such as depression, anxiety, panic disorder and posttraumatic stress disorder. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. A review of the injured worker shows that he had been authorized to receive 8 sessions of CBT the request is for 12 more, this appears to be within the guidelines and is medically necessary for this injured worker.