

<b>Case Number:</b>	CM15-0011871		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 49-year-old female who reported an injury on 3/10/2006. The documentation of 04/03/2014 revealed the injured worker had complaints of chronic low back pain, status post lumbar fusion, and bilateral knee pain. The injured worker indicated that the chronic low back pain persisted. The injured worker was awaiting psychological treatment and a TENS unit. The pain level was unchanged. The physical examination revealed a positive straight leg raise bilaterally. The injured worker had a positive Lasegue bilaterally. The injured worker indicated surgery did not help, however had a negative straight leg raise at 90 degrees. There were positive Waddell signs noted. The injured worker had positive rotation, soft tissue palpation and axial compression. The examination of the bilateral knees revealed tenderness to palpation at the joint line and patellofemoral crepitation. The injured worker had bilateral meniscal tears. The injured worker had 2 surgeries of the left knee. The diagnoses included lumbar discogenic pain, chronic low back pain, intractable pain, history of 2 surgeries on the left knee and right knee internal derangement. The treatment plan included authorization for individual cognitive behavioral therapy, a TENS unit replacement, and a referral to a knee surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual cognitive behavioral therapy once a week for three months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Cognitive behavioral rehabilitation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicates that injured worker should be screened for at risk of delayed recovery including fear avoidance beliefs. There should be consideration of psychotherapy after 4 weeks if there is a lack of progress from physical therapy alone. The initial trial would be 3 to 4 visits. The clinical documentation submitted for review failed to indicate the injured worker was at risk. There was a lack of documentation of a failure of progress from physical therapy alone. There was a lack of documentation of fear avoidance beliefs. Given the above, the request for individual cognitive behavioral therapy once a week for three months is not medically necessary.

**Referral to knee specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of exercise programs to increase range of motion and strength of musculature around the knee. The clinical documentation submitted for review failed to provide documentation of the above criteria as there was a lack of documentation of a failure of an exercise program to increase range of motion and strength of the musculature around the knee. There was a lack of documentation of a physical examination. Given the above, the request for referral to knee specialist is not medically necessary.