

<b>Case Number:</b>	CM15-0120391		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/22/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

The injured worker is a 66 year old male, who sustained an industrial injury on March 22, 1999. The injured worker reported right knee pain following a slip and fall incident. Treatment to date has included modified work duties, psychological counseling, biofeedback, and anti-depressant medications, MRI of the right knee, right knee arthroscopic surgery, physical therapy, and Hyalgan injections. The submitted documentation reveals the injured worker received biofeedback and psychotherapy in 2001. A psychological examination on August 3, 2001 revealed the injured worker expressed knee pain and a concern that he could not work and provide for his family. The evaluating physician noted that based on historical findings and clinical evaluation, the injured worker has not experienced a psychiatric disorder or functional impairment as a result of his work-related injury. He had a non-pathological, normal emotional reaction to his physical injury and his concerns fell within the normal spectrum of human emotional response. The evaluating physician noted that the injured worker had been participating in individual counseling sessions which were supportive counseling sessions during which he listened to relaxation tapes. His recommendation was that the injured worker did not require psychiatric treatment on an industrial basis. A psychological evaluation revealed the injured worker was evaluated on July 17, 2003 and determined to be permanent and stationary at that time. He was released to full duty work from a psychological standpoint and not considered a Qualified Injured Worker. A psychologist evaluation on February 11, 2013 revealed the injured worker continued to report a depressed affect and symptoms of anxiety. The psychologist noted that the injured worker was permanent and stationary and suffered from major depressive disorder and pain disorder associated with psychological factors and general

medical condition. A physician's evaluation on March 19, 2015 revealed the injured worker reported increasing right buttock and right leg radiating symptoms. He reported that he continued to receive 24-hour home care assistance from his wife. On physical examination the evaluating physician noted that the injured worker is depressed. His gait was unstable with forward lumbar decompensated stance and he used a cane for assistance. He had tenderness to palpation over the right paralumbar region and a positive right straight leg raise test. The diagnosis associated with the request was major depressive disorder. The treatment plan includes continued psychiatric and psychological care, 24-hour a day home care attendant, and medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological care:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in 1999. He has also experienced psychiatric symptoms secondary to his chronic pain and has received psychological services over the years. In a medical progress note dated 3/19/15, treating physician, [REDACTED], noted symptoms of depression and recommended continued psychological services. The request under review is based upon this recommendation. Unfortunately, the medical records do not offer enough information regarding recently completed psychological services. Additionally, the request for "psychological care" remains too vague as it does not indicate the type(s) of services nor the number of sessions being requested. Therefore this request is not medically necessary.