

<b>Case Number:</b>	CM15-0122257		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year-old female who sustained an industrial injury on 11/15/11. Details of injury and initial diagnoses are not available. Treatments to date include right total knee replacement on 09/20/12, MRI of the knee and lumbar spine, right lower extremity EMG, pain medication management, physical therapy, and podiatry consultation. In a progress note dated 12/22/14 the injured worker reports chronic lower back and bilateral knee pain with numbness in the right lower extremity. The back pain is rated as a 7 on a 10 point pain scale which increases right knee pain. She continues to have bilateral radicular symptoms into her lower extremities, and continues to use 4-6 Norco per day and anti-inflammatory medication. She reports depression, anxiety, and sleep disturbance. Physical examination is remarkable for the injured worker's mood was anxious; she has antalgic gait. There was decreased sensation to light touch around the right patella and superior right knee. Current diagnoses include pain in joint-lower leg, status post right total knee arthroplasty, and lumbar disc disorder. Psychiatric evaluation on 11/08/14 reports significant depressive and anxious symptoms likely related to multiple physical problems. Treatment recommendations include continuation of pain medication management, orthopedic surgeon follow-up, and cognitive behavioral therapy for 6 sessions. The injured worker is under work restrictions. Date of Utilization Review: 06/15/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior therapy (CBT) 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

**Decision rationale:** The patient continues to treat for chronic pain complaints without report of new injury or acute flare-ups for this 2011 injury. Clinical findings remained unchanged and previous psychological evaluation and treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued cognitive therapy. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions over 2 weeks with up to 6-10 visits over 5-6 weeks; however, submitted reports does not indication or document any functional improvement from previous psychotherapy rendered. The Cognitive behavior therapy (CBT) 6 sessions is not medically necessary and appropriate.