

Case Number:	CM15-0173310		
Date Assigned:	09/24/2015	Date of Injury:	09/15/2014
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 09-15-2014. He has reported subsequent low back, left lower extremity and right knee pain and was diagnosed with status post left lower extremity crush injury with development of compartment syndrome and through the knee amputation on 09-26-2014, compensatory lumbar strain and compensatory right knee sprain and strain. CT aortogram on 09-15-2014 was noted to show a hematoma around the left knee status post fascial release with complete occlusion of 8 cm of the popliteal artery, dissection flap before the completely thrombosed area in the proximal portion of the occluded left popliteal artery and compartment fascial release. Treatment to date has included medication, physical therapy, surgery and left leg prosthetic device. Physical therapy and prosthetic device were noted to be beneficial. In a QME report dated 08-10-2015, the injured worker reported some improvement of low back and right knee symptoms with use of the prosthetic device but pain was noted to persist depending on activity levels. The injured worker also reported continued stress, anxiety and depression over his situation. Objective examination findings showed mild tenderness to palpation of the lumbar spine with muscle guarding over the paraspinal musculature, decreased range of motion of the lumbar spine, left leg prosthetic device, well-healed, mildly tender stump site, slight tenderness to palpation over the medial and lateral joint lines of the left knee, slightly decreased flexion of the left knee and diffusely decreased sensation to pinprick and light touch in the right lower extremity. Work status was documented as modified. The physician noted that with regard to stress-related issues, the injured worker should have access to consultation and treatment with a psychiatrist or psychologist. A request for authorization of psychologist consultation was submitted. As per the 08-21-2015 utilization review, the request for psychologist consultation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: As per MTUS Chronic Pain guidelines, cognitive behavioral therapy is recommended as it may help patients cope with their injury and pain. However, guidelines recommend up to a trial of 4 sessions and an additional 10-sessions if there is signs of improvement. While patient may benefit from CBT and psychological counseling, the provider failed to document the number of hours and sessions requested. This request is not complete and cannot be approved. The request is not medically necessary.