MAXIMUS Federal Services

Case Number:	CM15-0175340		
Date Assigned:	09/16/2015	Date of Injury:	05/07/2015
Decision Date:	11/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old male, who sustained an industrial injury on May 7, 2015, incurring right knee injuries. He was diagnosed with right knee pain. He had no prior history of injuries. Treatment included anti-inflammatory drugs proton pump inhibitor, topical analgesic cream, acupuncture, psyche evaluation, bracing and activity restrictions. Currently, the injured worker complained of persistent right knee pain rated 7 out of 10 on a pain scale of 1 to 10. He was noted to walk with a limp. He became depressed due to the chronic right knee pain. The treatment plan that was requested for authorization on September 7, 2015, included a functional capacity evaluation and psychological eval. On August 7, 2015, a request for a functional capacity evaluation and psychological eval was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: ACOEM indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommends a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus an FCE would not be helpful. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

Psychological evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Psychological Assessment.

Decision rationale: According to the MTUS, Psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a injured worker's 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. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for injured workers that may need early psychological intervention. Step 2: Identify injured workers who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Further, the ODG also comments on CBT. The current evidence-based guidelines support the use of cognitive therapy for the treatment of stress related conditions. The Official Disability Guidelines recommend cognitive therapy for depression. An initial trial of six visits over six

weeks is recommended. A total of up to 13 to 20 visits over 13 to 20 weeks is recommended with evidence of objective functional improvement. According to the documents available for review, the injured worker carries a diagnosis of depression is therefore a candidate for a psychological evaluation. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.