

Case Number:	CM15-0038042		
Date Assigned:	03/06/2015	Date of Injury:	12/21/2012
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 was a 42 year old male, who sustained an industrial injury, December 21, 2012. The injury was sustained when the injured became struck in the mud and fell. The injured worker felt a pulling in the right knee and leg and less pain in the left leg. The injured worker had surgery on the right knee in April 16, 2013. According to progress note of February 3, 2015, the injured workers chief complaint was depression. The injured worker had a consultation, which was approved on February 3, 2015. The psychiatrist felt the injured worker was depressed and requested 6 further visits. The injured worker scored a 45 on the Beck-Inventory II, which was suggestive of severe depression, over the injury, pain and questionable future. According to the progress note of January 20, 2015, the injured worker continued to complain about the pain in the left knee. The injured worker rated the pain at a 7 out of 10; 0 being no pain and 10 being the worse pain. The primary treating physician felt the injured worker had reactive depression. The injured worker was diagnosed with severe depression, right knee posterior tibialis tendinitis and possible left knee internal derangement. The injured worker previously received the following treatments physical therapy, psychiatric evaluation, left knee surgery and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Individual Psychotherapy: 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): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker complained of feeling depressed secondary to the industrial injury. He suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for 6 Individual Psychotherapy visits exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.