

Case Number:	CM15-0065065		
Date Assigned:	04/13/2015	Date of Injury:	02/01/2013
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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 35 year old male, who sustained an industrial injury on 2/1/2013. He reported pain in both ankles and feet after falling. Diagnoses have included status post bilateral calcaneal fractures with open reduction internal fixation. Treatment to date has included medication. According to the progress report dated 1/6/2015, the injured worker complained of bilateral ankle pain. He reported that his pain had increased and complained of pain in his bilateral legs from the top of his femur down to his toes. He also complained of numbness and tingling on the top of his feet close to the ankles and calves, as well as generalized weakness. Physical exam revealed that the injured worker walked with a normal gait. The report of occupational injury or illness dated 2/26/2015, noted that the injured worker used a walker and a cane and was able to walk a few steps without the cane. Authorization was requested for initial cognitive behavioral therapy four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial CBT 4 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, particularly [REDACTED] February report, the injured worker continues to experience chronic pain. It was [REDACTED] opinion that the injured worker would benefit from psychological services due to experiencing a delay in recovery likely due to psychosocial/psychological issues. Despite [REDACTED] recommendation, the injured worker has yet to complete a thorough psychological evaluation that will not only offer more specific diagnostic information, but will also offer appropriate treatment recommendations. Without this evaluation, the need for follow-up services cannot be fully determined. As a result, the request for an initial 4 CBT sessions is premature and not medically necessary.