

<b>Case Number:</b>	CM15-0076190		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 42year old male, who sustained an industrial injury on 9/6/13. He reported twisting his knee and reported pain in knee, lower back and leg. The injured worker was diagnosed as having lumbar sprain/strain, sprain/strain of knee and leg and tear of medial cartilage or meniscus of knee. Treatment to date has included Advil, chiropractic treatment and ice. Currently, the injured worker complains of popping and crepitus in his right knee with significant knee pain and lower back discomfort. He rates the right knee pain as 5/10 and back pain is 6/10. The injured worker notes chiropractic treatment is helpful. Physical exam noted pain on palpation of lumbar area and palpable crepitus over right patella. The treatment plan included continuation of Advil, home exercise program and referral for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Program x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy guidelines for chronic pain.

**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, the injured worker has continued to experience chronic pain since his work-related injury. In her PQME dated 1/12/15, [REDACTED] indicated that the injured worker "may benefit from a short course of CBT on a pain management scope to help address coping with his condition and addressing his chronic pain." The request under review is based on [REDACTED] suggestion. However, the injured worker has yet to complete a psychological evaluation that will not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without the evaluation, the request for follow-up psychotherapy is premature. As a result, the request for cognitive behavioral program, X6 sessions, is not medically necessary. It is noted that on 4/6/15, the injured worker did receive an authorization for a psychology consult.