

Case Number:	CM13-0035312		
Date Assigned:	12/13/2013	Date of Injury:	05/10/2007
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 39 year-old male [REDACTED] with a date of injury of 5/10/07. According to medical reports, the claimant sustained a work-related injury when he was electrocuted and burned, resulting in amputation of his right arm below the elbow and burns on other parts of his body. In his 10/14/13 PR-2 report, [REDACTED] diagnosed the claimant with the following medical diagnoses: "(1) chronic right arm pain, status post below-the-elbow amputation of the right arm; (2) chronic right are phantom limb pain, currently on Neurontin and well controlled; (3) chronic cervical pain due to a C5-6 disc herniation noted on the cervical MRI from May 8. 2013; (4) chronic thoracic myofascial pain; (5) chronic lumber back pain with an L3-L4 3 mm disc bulge and posterior subluxation. He also has an L5-S1 grade I spondylolisthesis secondary to bilateral spondylosis with 1mm to 2mm disc bulge posteriorly to the left side with left-sided neural foraminal narrowing on the MRI scan of November 27, 2009; (6) chronic posttraumatic headaches; (7) chronic depression due to his industrial injury and disability; (8) status post probable herpetic whitlow, involving the right arm stump; (9) keratoconjunctivitis sicca per [REDACTED] the AME ophthalmologist, who saw the patient April 12, 2011; (10) status post skin graft to the left flank wound caused by the electrical injury; (11) erectile dysfunction, currently taking Cialis; (12) dyspepsia secondary to high-dose Cymbalta, not active at this time; (13) insomnia secondary to pain and depression; and (14) chronic bilateral knee pain with probable arthritis of the knees versus patellofemoral pain." Regarding psychiatric symptoms, in their Psychiatric Update Report dated 11/15/13, [REDACTED] and [REDACTED] noted that the claimant "has signs and symptoms of major depression disorder, general anxiety disorder, and sleep disorder." However, in the September 2013 request for authorization, the claimant has a diagnosis of "depressive disorder, NOS". It is noted that the claimant has received several

medication management and supportive psychotherapy sessions since his injury. It is the psychiatric diagnoses that are relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x ten (10): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS relates to the behavioral treatment of chronic pain and therefore, does not apply to this case based on the psychiatric diagnosis of depressive disorder, NOS and the treatment requested. The Official Disability Guidelines provide recommendations for the behavioral treatment of depression. The ODG recommends an "initial trial of 6 visits over 6 weeks" and with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Based on the review of the medical records provided, the claimant has exceeded the total number of sessions recommended and there is no documentation on any objective functional improvement of the completed sessions that would warrant additional sessions. As a result, the request for "Cognitive Behavioral Therapy X10" is not medically necessary.