

Case Number:	CM13-0046552		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2008
Decision Date:	03/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

This patient is a 38 year old female who reported an eye injury on 2/23/2008 while working at her place of employment at [REDACTED]. The injury occurred when in the course of her work her left eye was exposed to harsh cleaning chemicals that dripped into it while she was cleaning a freezer. Subsequently she required a full left cornea replacement. She expresses constant pain, redness, tearing, burning, irritation, light sensitivity and visual abnormalities including double vision when reading. She has been diagnosed with Depressive Disorder, Not otherwise specified with Anxiety and Post-Traumatic Stress Disorder Elements. She reports depression and anxiety, her medical record includes notations about her being fearful and markedly avoidant of exposure to any chemicals and also hot water that might cause further injury, resulting in problems in daily activities like cooking and cleaning as well as similar behaviors that might be required on a job setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for psychotherapy, times 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, Page(s): 23.

Decision rationale: The non-certification of 12 sessions of psychotherapy is upheld on the basis that it does not conform to the usual process outlined in the Chronic Pain Medical Treatment Guidelines on page 23 which specify that an initial trial of 2-3 sessions over a period of 2 weeks be tried with additional visits totaling 6-10 sessions over a 5-6 week period also be allowed if the initial trial demonstrates documented objective functional improvements. This request for 12 sessions does not conform to that guideline. Based on the notes that I reviewed, the patient does sound very anxious and avoidant and mildly depressed and would possibly benefit from CBT if it were applied according to the above mentioned guidelines.