

Case Number:	CM14-0010708		
Date Assigned:	02/21/2014	Date of Injury:	09/28/2011
Decision Date:	06/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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. The expert reviewer is Board Certified in Psychiatry 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 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/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 patient is a 45 year old male with date of injury 9/28/2011. Date of UR decision was 12/26/2013. Mechanism of injury was being shot with electric current of 277 volts while performing work duties. It resulted in a burn with entry wound in right thumb and exit wound in right shoulder. According to report from 11/25/2013 suggests that he had pain while sleeping on his right side, resulting in fragmented sleep, lack of restfulness, energy and self esteem. He reported being sad and depressed. Objective findings included apprehension, anxiety, angry affect. BDI score 10(mild depression), BAI score 2(minimal anxiety). Diagnoses included adjustment ds with depressed mood, chronic, Sleep ds secondary to general medical condition. IW was started on ambien. The report also indicated that the patient has received CBT, biofeedback treatment as well as relaxation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 - 12 PSYCHOTHERAPY 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 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The 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. The Official Disability Guidelines (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 employee has received some psychotherapy sessions in the past. There is no mention any objective evidence of functional improvement from the sessions. Thus, the request for 6-12 psychotherapy sessions is not medically necessary and appropriate.