

Case Number:	CM14-0116785		
Date Assigned:	08/06/2014	Date of Injury:	03/29/2013
Decision Date:	09/12/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 licensed 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 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:

According to the records that were provided for this independent review, this patient is a 53-year-old male reported an industrial/occupational injury that occurred on March 29, 2013. The injury reportedly occurred during his normal work duties for [REDACTED]. On the date of the injury he was working as a general laborer fixing water pipes when several of them broke, one pipe exploded and burned his right thigh and his right year while showering his entire body with very hot and scalding water. He started running and yelling and fell to the ground he was burned badly and there was a very long delay before he was given medical care he was eventually transferred to a burn center where he was admitted for approximately two weeks with 2nd to 3rd burns and received skin graft but continue to have severe pain in his right ear. He continues to report pain in the right year, pain in his buttocks pain when having sexual relationships and pain to the right leg. Psychologically, he has been diagnosed with Adjustment disorder with depressed mood, and Posttraumatic Stress Disorder Stress Disorder. He reports being tired and fearful and sometimes sad because he can no longer beat do things he used to and ruminates on his injuries. Reports being fearful at times of re-injury. He reports anxiety as well and he has a feeling like there's nothing that he can do to ease his pain and burning feelings and he becomes irritable and impatient and loses his temper with his family and is more restless than before. A progress note from his treating Psychologist from February 19, 2014 states that the patient is benefiting from treatment and that his anxiety is better and he is more able to deal with the pain but still having flashbacks of the incident but about 20% less often; but that he does still have fear of returning to work. A request was made for: Individual Psychotherapy and was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012 Official Disability Guidelines: Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): Page 23 to 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: I conducted a careful and thorough review of all medical records as they were provided to me. There were no specific notes from the treating psychologist that stated the individual has had a 20% reduction in his symptoms of PTSD. The request was written as a request for individual psychotherapy without any quantity of sessions noted. I am unable to prove medical necessity for any psychological treatment that does not specify the exact number of sessions being requested. In addition it would be important for further details about the patient's results to pass treatments. At this time I cannot state that individual psychotherapy is medically necessary.