

Case Number:	CM14-0037353		
Date Assigned:	06/25/2014	Date of Injury:	02/22/2008
Decision Date:	08/05/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 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:

The claimant is a 58 year-old male (██████████) with a date of injury of 2/22/08. The claimant-sustained injuries to his arm and back when a water pressure cap blew off, causing hot water to burn the claimant's right arm and back. The claimant sustained these second and third degree burns while working for ██████████. In the Workers' Compensation Report dated 12/2/13, ██████████ diagnosed the claimant with: (1) Tension headache disorder referred pain from his neck, industrial; (2) Depression posttraumatic stress disorder, defer to psychiatry probably industrial; (3) Decreased auditory acuity, defer to ENT possibly industrial; (4) Cervical spine and right arm pain secondary to cervical sprain versus C6 radiculopathy doubt thoracic outlet syndrome, industrial; (5) Right-sided sensory loss possibly related to depression or anxiety now industrial disease or a nonindustrial disease such as pure sensory stroke; (6) Left thumb sprain possibly industrial; (7) Sleep disorder, industrial; (8) Possibly bilateral cranial nerve I neuropathy, possibly industrial; (9) Sexual dysfunction, possibly industrial; and (10) Carpal tunnel syndrome, partly industrial. Additionally, in the PR-2 report dated 12/5/13, ██████████. diagnosed the claimant with: (1) Diabetes mellitus, controlled with medication; (2) Hypertension with left ventricular hypertrophy and left atrial enlargement, controlled with medication; (3) Chest pain/dyspnea, rule out ischemia; (4) Sleep disorder, secondary to pain; (5) Status post burn injury of the right forearm and back with residual neuropathic pain of the right upper extremity; (6) Peripheral neuropathy, right greater than left lower extremities, secondary to diabetes mellitus; (7) Abdominal pain (new diagnosis); (8) Shortness of breath, will continue to monitor (new diagnosis); (9) Possible renal dysfunction (new diagnosis); and (10) Hyperlipidemia, secondary to diabetes and hypertension (new diagnosis). Lastly, in his Secondary Treating Physician's Supplemental Report dated 2/3/14, ██████████ diagnosed the claimant with: (1) Cervical

degenerative disc disease; (2) Cervical disc protrusion (3) Cervical radiculopathy; (4) Cervical stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional cognitive behavioral and support psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009)(page 23) Page(s): 23.

Decision rationale: The California MTUS does not address the use of hypnosis therefore; the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation in August 2012 and began psychological services shortly thereafter. It is unclear as to how many group sessions have already been completed to date and the exact progress made from those sessions. In one of the only progress reports submitted for review (dated 1/13/14), it is noted that the claimant has made some progress towards current treatment goals as evidenced by some improvement of his sleep and symptoms of anxiety. Despite this information, there is still a lot of information absent with regard to all of the services that have been completed. Without a clearer picture from more substantial information, the need for further services cannot be fully determined. As a result, the request for Hypnotherapy (6 sessions) is not medically necessary.