

Case Number:	CM15-0058057		
Date Assigned:	04/02/2015	Date of Injury:	10/12/2011
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 injured worker is a 54 year old male, who sustained an industrial injury on October 12, 2011. He reported visual auras three plus times per month, eye irritation, frustration, headaches, poor near vision and poor night vision. The injured worker was diagnosed as having knee joint pain, derangement of the meniscus, patellar tendinitis, second and third degree burns to the bilateral upper extremities and face, tinnitus, blurred vision, dry eyes, skin rash, anxiety, acephalic migraines, presbyopia and keratoconjunctivitis sicca. Treatment to date has included diagnostic studies, surgical interventions of the burn wounds, burn treatments, cognitive behavioral therapy, medications and work restrictions. Currently, the injured worker complains of knee pain, ankle pain, visual auras three plus times per month, eye irritation, frustration, headaches, poor near vision and poor night vision. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He reported a gas explosion blowing him 10 feet back resulting in second to third degree burns to the face and body. His eyes were damaged as well. He was treated with medical treatment, cognitive behavioral therapy and medications without complete resolution of the pain. He reported continued visual disturbances multiple times per month and continued frustration as well as continued knee and ankle pain. No significant functional improvements were noted. Evaluation on June 27, 2013, revealed continued pain. Additional Psychotherapy 1x/week x 24 weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy 1x/week x 24 weeks: Upheld

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

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 Cognitive therapy for PTSD; Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychotherapy as well as psychotropic medication management for the treatment of psychiatric symptoms secondary to his chronic pain. According to the UR determination letter, the injured worker has completed 12 prior psychotherapy sessions. The ODG recommends a total of up to 13-20 psychotherapy sessions as long as it is documented that CBT is being completed and there is evidence of objective functional improvements from the therapy. Based on this guideline the request for an additional 24 psychotherapy sessions exceeds the recommendations and therefore, is not medically necessary.