

Case Number:	CM15-0078807		
Date Assigned:	04/30/2015	Date of Injury:	05/08/2013
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male, who sustained an industrial injury on 5/8/13. He has reported initial complaints of burns on his body after he was connecting a bypass liner to a valve on a hypochlorite tank and the valve broke off and the hypochlorite sprayed him. The diagnoses have included burn unspecified degree of leg unspecified site, burn of multiple sites of wrist and hand unspecified degree and post- traumatic stress disorder. Treatment to date has included medications, acupuncture, psychotherapy, urine drug screen, labs, ears, nose and throat specialist visits, and conservative care. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of pain and discomfort from burn sites. The pain is rated 4/10 on pain scale with medications and 8/10 on pain scale without medications, which is unchanged from previous visits. The objective findings revealed left wrist range of motion restricted and limited by pain, light touch sensation is decreased over the thumb on the left side, and the left ear has erythema noted. There are lesions noted from burns on the right leg, left leg, left knee and thigh, groin, chest, left shoulder, right arm, right hand, left arm and left ear. The previous acupuncture sessions were noted in the records. Work status is permanent and stationary. The physician requested treatments included Outpatient six (6) sessions of Individual Psychotherapy (IPT) for post traumatic stress disorder issues and Outpatient six (6) Acupuncture sessions to both upper extremities, both lower extremities and chest to improve functional status and pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient six (6) sessions of Individual Psychotherapy (IPT): 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) Stress and Mental section, under Psychotherapy.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. There has been extensive past psychotherapy for this Burn case, with post traumatic disorder. The objective functional improvement out of that therapy is not clear from the records. The ODG Psychotherapy Guidelines note: Initial trial of 6 visits over 6 weeks With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). In this case, it is not clear what benefits would be achieved from injury care given the objective functional improvements out of past psychotherapy is not known. At present, the request is not certified.

Outpatient six (6) Acupuncture sessions to both upper extremities, both lower extremities and chest: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions are not medically necessary and were appropriately non-certified under the MTUS Acupuncture criteria.