

Case Number:	CM14-0117750		
Date Assigned:	09/30/2014	Date of Injury:	06/06/2014
Decision Date:	10/28/2014	UR Denial Date:	07/09/2014
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 licensed in Psychology, has a subspecialty in Health Psychology and pain management 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 medical records that were provided for this IMR revealed that this is a 35 year old male patient who reported an occupational injury that occurred on June 6, 2014 during his usual and customary work duties as a chef for [REDACTED]. The injury occurred when he sustained 2nd and 3rd degree oil burns to his left hand and thumb as well as a 1st degree burn to his distal forearm. He was immediately sent to an emergency burn unit referred from the burn center where he received extensive treatment. During that time he was seen by a psychological liaison who conducted a psychological assessment psychological evaluation and been diagnosed him with: Acute Stress Disorder. The anxiolytic medication Ambien was prescribed for anxiety. The patient stated that he was struggling to cope with what had happened to him and that his usual coping skills were not working. He reported since the injury he has experienced difficulty falling asleep and frequent awakening and nightmares. He reports anxious rumination and being fearful about returning to work (which he has since done full-time) with difficulty relaxing and recurrent sensations as if his hand was burning. The patient has a prior nonindustrial history of panic disorder/substance abuse -both in full long term remission. He is not had any psychological treatment related to the current industrial injury other than the burn center consultation/liaison. A psychological evaluation was requested to rule out PTSD versus Depression and to "help him resume functioning" -treatment was also requested: "2-3 times a week for three months" - utilization review non-certified the request with a proposed modification for psychological evaluation and 6 sessions. This IMR will address a request to overturn the UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation for evaluation and treatment; Visits 2-3 times per week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological evaluations and psychological treatment Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: The medical records that were provided for this IMR revealed that this is a 35 year old male patient who reported an occupational injury that occurred on June 6, 2014 during his usual and customary work duties as a chef for [REDACTED]. The injury occurred when he sustained 2nd and 3rd degree oil burns to his left hand and thumb as well as a 1st degree burn to his distal forearm. He was immediately sent to an emergency burn unit referred from the burn center where he received extensive treatment. During that time he was seen by a psychological liaison who conducted a psychological assessment psychological evaluation and been diagnosed him with: Acute Stress Disorder. The anxiolytic medication Ambien was prescribed for anxiety. The patient stated that he was struggling to cope with what had happened to him and that his usual coping skills were not working. He reported since the injury he has experienced difficulty falling asleep and frequent awakening and nightmares. He reports anxious rumination and being fearful about returning to work (which he has since done full-time) with difficulty relaxing and recurrent sensations as if his hand was burning. The patient has a prior nonindustrial history of panic disorder/substance abuse -both in full long term remission. He is not had any psychological treatment related to the current industrial injury other than the burn center consultation/liaison. A psychological evaluation was requested to rule out PTSD versus Depression and to "help him resume functioning" -treatment was also requested: "2-3 times a week for three months" - utilization review non-certified the request with a proposed modification for psychological evaluation and 6 sessions. This IMR will address a request to overturn the UR decision.