

Case Number:	CM13-0016221		
Date Assigned:	11/06/2013	Date of Injury:	10/03/2012
Decision Date:	01/27/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 patient is a 57 year old female who reported an injury on 10/3/12. The mechanism of injury was a hit in the head with a door. The patient complained of left sided neck pain and left sided facial pain. The clinical documentation dated 8/8/13 stated the patient described the pain as involving the left facet, including ophthalmic, maxillary and mandibular branches of the trigeminal nerve, facial swelling of the left face, as well as occasional tingling in the back of the head. The pain was 8/10, and radiated to the left eye and ear. The patient was diagnosed with cervicogenic headaches, cervicalgia, and mood disorder secondary to chronic pain syndrome. She has undergone a CT scan of facial bones that showed no fractures, MRI of cervical spine that showed a reversal of cervical lordosis and mild degenerative disc disease at C4-5, C5-6, and C6-7. The patient used Tylenol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for five sessions of psychological treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 100-102.

Decision rationale: The California MTUS recommends psychological treatment for chronic pain, and the clinical documentation submitted for review indicates that the patient has had no relief of pain with current treatments; however, the clinical documentation submitted for review did not include a psychological evaluation to determine if further psychosocial interventions are indicated as recommended by the guidelines. As such, the request is non-certified

The request for Celebrex, 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS recommends non-steroidal anti-inflammatories for chronic pain. Anti-inflammatories are the traditional first line of treatment; they reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also state non-steroidal anti-inflammatories are not recommended for patients with gastrointestinal issues. The clinical documentation submitted for review indicated the patient has no history of gastrointestinal issues, and the patient has suffered from pain with no relief since the reported injury date. As such, the request is certified.