

Case Number:	CM13-0023094		
Date Assigned:	11/15/2013	Date of Injury:	09/13/2010
Decision Date:	01/08/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/11/2013

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 Psychiatry 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 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.

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 began working as a grinder for [REDACTED] in May 2007. His job duties consisted of grinding, polishing, and cleaning different types of metals. He would utilize chemicals and operate a grinding machine, as well as a polishing and cleaning machine. The Patient's job duties physically at times involved repetitive bending, stooping, pushing and pulling, and frequent lifting of up to 70 pounds. He worked 8 to 12 hours per day, 5 to 7 days per week. The patient did undergo a pre-employment physical examination. On September 13, 2010, the patient was pushing a pallet utilizing a pallet jack, when his pants became caught on metal parts that were on the ground. He then lost his balance and fell forward while holding onto the pallet jack with his left hand. He struck the right side of his body against the ground, and notes that he also struck his jaw resulting in a fracture. He experienced immediate pain and reported the injury, but at that time declined medical attention. He subsequently sought treatment with his private physician, [REDACTED], who examined him and prescribed medication. The Patient was then seen at a clinic where he was examined with x-rays obtained and medication prescribed. He was returned to modified job duties which he performed for approximately 2 days; however, he was unable to continue due to his symptoms. He states he was then off work for a total of 12 days, and notes that he last worked for the above noted employer in September 2010, and has not worked since then. He continued to treat at the clinic, undergoing physical therapy without benefit. He was also administered a pain injection. The patient states he sought treatment with a dentist who obtained x-rays revealing a fracture to his upper jaw. The Patient has seen a psychiatrist for psychiatric medication management as well as a psychologist for psychotherapy. The documentation provided indicates that the patient was benefitting from both of these treatment moda

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-behavioral and supportive therapy, 2 sessions a week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The progress report from [REDACTED] from 9-9-2013 indicates clearly that the patient has made some progress towards current treatment goals as evidenced by the patient's reports of improved mood with treatment and the patient's reports of improved sleep with medication. The patient seems motivated for treatment and is benefitting from psychiatric medication management combined with psychotherapy.