MAXIMUS Federal Services

Case Number:	CM13-0032497		
Date Assigned:	12/11/2013	Date of Injury:	01/15/2002
Decision Date:	01/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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:

This case involves a 53 year old ([redacted]) Administrative Assistant, who tried to hold up and push back a file cabinet which started to fall, and injured her soft tissue. This happened while at work on 01/15/2002. She is currently not working. She has been given the following psychiatric diagnosis: Axis I: Major Depressive Disorder, recurrent, moderate to severe, with past history of psychotic features; Bipolar disorder; Panic disorder; Drug abuse disorder. Axis IT: personality disorder, NOS; Axis ill: neck and shoulder injury; s/p right shoulder surgeries an C5-C6 anterior fusion, subsequent posterior C5-C6 refusion, cominnuted neck and right shoulder pain. Axis IV: Occupation ID, aggravating previous symptoms of depression and anxiety. Axis V: Current GAF: 52.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance prior to cervical epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (2009) Page(s): 46.

Decision rationale: In this case the patient had a previous injection with pain relief for three days. She had radiculopathy documented both by exam and electro diagnostic testing. As such per guideline the CESI is medically necessary.

Trigger point injections, posterior neck and shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: In the present case, [redacted] both repeatedly documented the circumscribed trigger points as well as all of the other criteria detailed in the guidelines. As such, trigger point injections are medically necessary on a one time basis.

Home health care 2hrs/day to help with self care and activities of daily living (duration unspecified: Upheld

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): 51.

Decision rationale: The clinical data provided to this reviewer does not support home health care for this patient. The request for home health nursing care has no endpoint as worded for this request. Home health nursing care into perpetuity is not medically necessary in the opinion of this reviewer.