

Case Number:	CM13-0045012		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2010
Decision Date:	03/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 40-year-old male who sustained an injury on 9/17/10 when a co-worker accidentally dropped an air compressor hammer onto his head while he was laying foundation. The patient denies the loss of consciousness and recalled that although he finished his scheduled work day he experienced vertigo, lethargy, and weakness. He returned to his assigned employment functions that following Monday but because of his persistent cephalalgia he sought medical advice. The patient has attended neurologic evaluations, undergone diagnostic testing and engaged in acupuncture, He has also received massages as a means of obtaining relief from his diagnosed symptoms. The neurological assessments provided several diagnostic impressions; Mild concussion, post concussion syndrome with anxiety and chronic headaches, closed head trauma with headaches/cognition and attention problems, neuropsychiatric symptoms related to headache, intermittent forgetfulness and intermittent confusion. There was an absence of neurologic deficits and neurological and neuromuscular examinations were intact. The patient developed depressive and anxiety symptoms because of his emotional response to his diagnosed physical symptoms and the endurance of persistent pain and discomfort despite the attendance of conservative treatment modalities. In the Psychiatric PQME report dated 05/29/13, the patient was assessed to have depression not otherwise specified, psychological factors affecting physical condition on Axis (post concussive syndrome, insomnia, and dysphagia) GAF of 56 and whole person impairment of 21. The evaluating provider recommended further treatment to include continued individual or group psychotherapy sessions for approximately at least 6-12 months, and psychotropic medications with medical monitoring by a neurologist or psychiatrist. Treatments rendered to date include medications, conservative pain management treatment, modalities, acupuncture, massage, and psychiatric treatment. He is currently diagnosed with status post head injury and degenerative cervical spondylosis chronic neck pain,

pain disorder with psychological/general medical condition. Currently the patient complains of pain worst in the head and neck due to head injury and post concussive syndrome. Medications at this time include Gabapentin, Nabumetome, Lidoderm and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) health education for living with pain program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule, Neck and Upper.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines functional restoration programs, page(s) 31 to 32 of 127 and Official Disability Guidelines (ODG), Pain (Chronic) Functional restoration programs (FRPs).

Decision rationale: He was diagnosed to have post concussive syndrome status post head injury, chronic neck pain, degenerative cervical spondylosis, and pain disorder with psychological/general medical condition. The treatment plan stated was to continue with pain medications and HELP FRP program. An evaluation for the HELP FRP program was requested. The current request is for a one time intensive "interdisciplinary evaluation that includes physical examination, Physical Therapy evaluation and psychological assessment. The clinical information submitted for review did not substantiate the requested evaluation. The records did not discuss the treatments rendered for the patient's orthopedic conditions. In addition, the most recent medical report did not elaborate on the current orthopedic and psychological complaints of the patient to demonstrate the presence of conditions necessitating further treatment with a multidisciplinary program. For these reasons, the medical necessity (the requested one Health Education for Living with Pain Program evaluation is not established