

Case Number:	CM13-0052675		
Date Assigned:	04/25/2014	Date of Injury:	03/02/2006
Decision Date:	07/07/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine, 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 is a female with a 3/2/06 date of injury. She slipped off a ladder and hit her knee. On 10/28/13, the patient was noted to be depressed and anxious. She reports that the coping skills are helpful. On 1/13/14, a psychologist note indicated the patient is still depressed but her affect and mood are improving. Diagnostic Impression: Depression, Anxiety, Right Frozen Shoulder. Treatment to date: psychotherapy, medication management, right shoulder manipulation under anesthesia 5/11/12, A UR decision dated 9/16/13 denied the request, but the reason for the denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHARMACOLOGY MANAGEMENT FOUR VISITS TO THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), WEB EDITION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7-Independent Medical Examinations and Consultations, Chapter 6 (pg 127-156).

Decision rationale: The California MTUS indicates that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, the request for Pharmacological Management is very vague. It is unclear what type of pharmacological management the employee needs and why it would be directed toward the lumbar spine. The request does not clearly state what type of specialist the employee is being referred to. In addition, there is no rationale as to why the management needs to be directed toward the lumbar spine. In addition, it is unclear why 4 total visits are being requested as opposed to 1 visit. Additional information is needed to clarify this request in order to substantiate the medical necessity. Therefore, the request for Outpatient Pharmacology Management Four Visits to the Lumbar is not medically necessary.