

Case Number:	CM13-0056526		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2005
Decision Date:	06/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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 expert 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 injured worker is a 48-year-old male who reported an injury on 10/6/05. The mechanism of injury was not specifically stated. Current diagnoses include post-traumatic headaches, adhesive capsulitis, and lumbar strain. The injured worker was evaluated on 12/5/13. He reported persistent pain in the right shoulder, right ribs, and lower back. Physical examination revealed 2+ deep tendon reflexes, intact sensation, 5/5 motor strength, negative straight leg raising, and tenderness to palpation of the right rib and lumbar spine. Blood pressure was documented at 148/92.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 NITROGLYCERIN 0.3M SL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Stable coronary artery disease. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Apr. 58 p. [86 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine. US Department of Health and Human Services National Institutes of Health. Updated: 27 May 2014.

Decision rationale: The California MTUS/ACOEM guidelines do not address this issue, so alternate guidelines were used. Nitroglycerin spray and tablets are used to treat episodes of angina in patients with coronary artery disease. As per the documentation submitted, the injured worker has utilized nitroglycerin 0.3 sublingual tablets since September 2013. However, there is no documentation of acute episodes of angina, or a diagnosis of coronary artery disease. Therefore, the need for this medication has not been established. As such, the request is not medically necessary.

12 SESSIONS OF PSYCHOLOGICAL COUNSELING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. There is no documentation of psychiatric complaints or a comprehensive psychological examination. Additionally, the current request for 12 sessions of psychological counseling greatly exceeds guideline recommendations. As such, the request is not medically necessary.