

Case Number:	CM14-0105255		
Date Assigned:	07/30/2014	Date of Injury:	04/18/2013
Decision Date:	10/16/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 26 year old male who reported an injury on 4/18/13 as a result of PTSD like symptoms. A clinical note dated 03/04/14 indicated the injured worker complaining of severe episodes of depression and PTSD symptom arousal. A clinical note dated 07/01/14 indicated the injured worker being recommended for Seroquel and chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chiropractic Regional Neck Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic therapy times six sessions is non-certified. The injured worker complained of PTSD like symptoms. Chiropractic therapy is indicated for injured workers for chronic pain caused by musculoskeletal conditions. No information was submitted regarding musculoskeletal related pain. Therefore, it is unclear if the injured worker

would benefit from any chiropractic treatment. Given this, the request is not indicated as medically necessary.

Seroquel 50mg: Upheld

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

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, Quetiapine (Seroquel)

Decision rationale: The request for Seroquel 50mg is non-certified. Seroquel has been listed under the heading of atypical antipsychotic. The injured worker has PTSD like symptoms. However, clinical notes indicate the injured worker utilizing Seroquel for ongoing use. No information was submitted regarding positive response of the continued use of this medication. Without this information in place it is unclear if the injured worker would continue to benefit from this medication. Given this, the request is not indicated as medically necessary.