

Case Number:	CM14-0016963		
Date Assigned:	03/07/2014	Date of Injury:	05/10/2013
Decision Date:	04/23/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 57-year-old female with date of injury of 05/10/2013. Medical records are provided for review, of 84 pages with multiple reports including [REDACTED], physical therapy, lab, work status, and various paperwork. Per treater's report 12/19/2013, [REDACTED] indicates that the patient has foot pain, difficulty swallowing, hypertension and is seen for follow-up labs. Under history of present illness, foot pain, difficulty swallowing, follow-up on labs listed. Listed diagnoses are: (1) Dizziness, (2) Fatigue, (3) Malaise, (4) Major depression, (5) Pre-diabetes. A list of medications and counseling education factors were reviewed. Per report of 05/12/2013 which is 2 days after the injury, patient apparently fainted at school having loss of appetite for the past five days and felt dizzy. This report is [REDACTED] report. Listed assessments are: (1) Syncopal episode, likely vasovagal, (2) General anxiety disorder and depression. She was to follow her doctor for continuity of care. There was another report by [REDACTED] on 05/29/2013 and just has left arm contusion with a plan of discharge.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/ PHYSIOTHERAPY 2 TIMES A WEEK QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION PAGES Page(s): 58-59.

Decision rationale: There is a request for chiro/physiotherapy 2 times a week for 4 weeks. There is no rationale provided for chiropractic care. The available reports show a diagnoses to the right foot. MTUS specifically states that chiropractic care is not recommended for foot/ankle conditions. Based on the limited information provided for this IMR, the request does not appear to be in accordance with MTUS guidelines.

CONSULTATION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM GUIDELINES, PAGE 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION 2004 9, PAGE 127.

Decision rationale: There is a request for consultation with [REDACTED]. There is no indication of what type of doctor [REDACTED] is, or what his specialty is, or even a rationale for the consult. There is not enough information provided to make an informed decision, and without knowing what [REDACTED] specialty is, I am unable to compare and confirm if the request is in accordance with any evidence-based guideline.

PSYCH EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT, 100-102

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHE, 100-101

Decision rationale: The 5/12/13 Urgent Care report that notes a history of anxiety, and the patient was taking lorazepam. She was diagnosed with generalized anxiety disorder and depression. MTUS states "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." based on the limited information provided, the patient appears to have psychological issues, and the psychological evaluation appears in accordance with MTUS guidelines.