

Case Number:	CM14-0125209		
Date Assigned:	08/08/2014	Date of Injury:	12/02/2013
Decision Date:	10/01/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50 year old female was reportedly injured on December 2, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 feet 7 inches, 160 pound individual who is alert, oriented individual with neurological assessment was grossly intact, gait was reported to be normal, sensation was intact, and motor function was noted to be intact, decreased deep tendon reflexes of the right knee was also reported, decrease in lumbar spine range motion was also noted. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications and pain management interventions. A request was made for psychological counseling and multiple medications and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Counseling x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The standards for such psychological intervention are established in the Medical Treatment Utilization Schedule (MTUS). There is no noted assessment to determine the appropriate treatment, or other indicators to establish the need for such an intervention. Therefore, based on the incomplete data presented for review, there is insufficient evidence to support the medical necessity of this request. Therefore the request is not medically necessary.

Percocet 5/325 # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: This medication is a short acting opioid indicated for the treatment of severe pain. This is often used for intermittent or breakthrough pain. However, the physical examination reported did not establish that there was any noted efficacy with the utilization of this medication. There was no decrease in overall symptomatology or increase in functionality. Therefore, in that the medication levels to be used, are to identify functional benefit. Seeing none, there is insufficient clinical data presented, therefore this medication is not medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70 of 126.

Decision rationale: This medication is a non-steroidal anti-inflammatory used to address inflammatory responses. This is an indication for chronic pain. However, based on the progress notes presented for review, there is no noted efficacy in terms of increased functionality or decrease symptomatology. As such, utility of this medication has not been established. The request is not medically necessary.