

Case Number:	CM14-0155949		
Date Assigned:	09/25/2014	Date of Injury:	06/15/2011
Decision Date:	10/27/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/23/2014

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 Psychiatry, and is licensed to practice in Illinois. 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 patient is a 31 year old female who was injured in June of 2011 at which time her hand was crushed. The patient apparently has been participating in the [REDACTED] since February of this year. Medications prescribed include Ativan, Cymbalta and Ambien. It appears that 6 weeks of treatment were approved in March. On or about 9/19 a request for coverage for continued programming was denied due to lack of medical necessity. This is an appeal of the previous reviewer's determination to deny coverage for continued [REDACTED] services.

IMR ISSUES, DECISIONS AND RATIONALES

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

99199, [REDACTED] : Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30-32.

Decision rationale: It appears that 15 days of programming (75 hours) have been authorized and the provider is requesting another 16 days (80 hours). The above cited guideline indicates a maximum of 20 days of programming with additional time being warranted only when there are

extenuating circumstances with clear cut evidence based treatment goals. The provider's request exceeds this recommended maximum and the rationale for continuing this level of care is not clear. The patient appears to be well motivated and has taken steps to return to work according to the provider's appeal letter dated 9/24. The data reviewed in sum do not support medical necessity for coverage for the provider's requested 80 additional hours in accordance with the evidence based State of California MTUS. Therefore the request is not medically necessary.