

Case Number:	CM14-0025382		
Date Assigned:	06/11/2014	Date of Injury:	03/16/2013
Decision Date:	07/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas. 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 33 year old female who was injured on 03/16/2013. The patient experienced a robbery while at work and as a result, she has developed depression, anxiety, chest pain, difficulty of breathing and loss of sleep. Prior treatment history has included OTC medications such as Tylenol and Advil; omeprazole 20 mg #60, Naproxen sodium 550 mg #60 and Alprazolam 1 mg #60, and Fioricet #60. Progress report dated 12/30/2013 indicated the patient complained of occasional headaches rated as 6/10, post-traumatic stress disorder. Objective findings on exam revealed the patient to be alert and oriented in no apparent distress. The patient was diagnosed with headaches, post-traumatic stress disorder, idiopathic peripheral autonomic neuropathy, unspecified disorder of autonomic nervous system and unspecified adjustment reaction. The treatment and plan included qualitative drug screen was administered to the patient but results are unknown. Prior utilization review dated 02/24/2014 states the request for a follow up with primary care treating physician every 4-6 weeks has been modified to a certification of one request for 1 follow up with PCP for the need to have ongoing evaluation and management, the frequency of such follow up visits should be assessed at the time of each evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP WITH THE PRIMARY TREATING PHYSICIAN EVERY 4-6 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: According to the CA MTUS guidelines, follow-up visits is recommended for may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The medical records document the patient was diagnosed with post traumatic stress disorder, idiopathic peripheral autonomic nervous system and unspecified adjustment reaction. The progress report dated 12/20/2013 revealed the patient complained of occasional headaches with no objective findings on physical exam. In the absence of documented assessment of coping mechanisms, medication use, and activity modification, the request is not medically necessary according to the guidelines.