MAXIMUS Federal Services

Case Number:	CM14-0028280		
Date Assigned:	06/13/2014	Date of Injury:	03/08/2010
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 General Surgery 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 injured worker is a 51-year-old female injured on 03/08/10 when she drilled the dorsum of the right index finger with a small drill resulting in an injury to the right index finger. Surgical procedures include right index finger exploration and removal of foreign body, left S1 trans epidural steroid injection, and re exploration of the L5-S1 disc herniation on 01/20/13. The documentation indicates the injured worker is receiving ongoing cognitive behavioral therapy for symptoms associated with depressive symptoms, anxiety, and stress management. The clinical note dated 02/02/14 indicates the injured worker feels her depression and stress have worsened secondary to finances. The injured worker denies any medication side effects. The injured worker also reports headaches secondary to stress with worsening isolation and episodes of crying and poor sleep. Treatment plan includes increase Zoloft to 150 QD #30 and Trazadone 100 QHS #30 with follow up appointment in 4-6 weeks. The documentation indicates the injured worker is receiving ongoing psychiatric evaluation and management in addition to regular evaluation and monitoring for medical/orthopedic evaluation. The initial request for pharmacological management, quantity 30 was initially non-certified on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT QTY 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Hand Complaints, page(s) Follow-up visits.

Decision rationale: As noted in the CA MTUS, follow-up evaluations should occur no later than 1 week into the acute pain period. ACOEM indicates, at the other extreme, in the stable chronic hand setting, follow-up may be infrequent, such as every 6 months. The documentation indicates the injured worker is receiving ongoing psychiatric evaluation and management in addition to regular evaluation and monitoring for medical/orthopedic evaluation. There is no indication in the documentation that the patient has had a significant alteration in her status, acute injury, or requires treatment out of the scope of the primary care provider. Additionally, the patient has ongoing management of her two medications by the appropriate specialist. As such, the request for pharmacological management QTY 3.00 cannot be recommended as medically necessary at this time.