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| Case Number: | CM14-0037880 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/06/1994 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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 Orthopedic Surgery 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:

The injured worker is a 51-year-old gentleman who was reportedly injured on December 06, 1994. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 2, 2014, states that the injured employee struggles with chronic pain. The treatment plan included a request for Pristiq, Abilify, Ambien, Alprazolam, Prilosec, and Cymbalta. The injured employee also uses an intrathecal pain pump for pain control. Physical examination notes the injured employee to be alert and oriented times three with a normal gait, normal muscle strength, and normal muscle tone. No diagnoses was provided. The injured employee was stated to be improving and that independent management was required. There is a request for a van to transport the injured employee and his electric wheelchair to appointments as well as continued medication management and psychotherapy. A request had been made for 12 additional psychotherapy visits and a van to transport the injured employee and his electric wheelchair to his appointments and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional monthly psychiatric visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Psychosocial /pharmacological treatments, Updated June 12, 2014.

Decision rationale: The medical record contains incomplete documentation regarding any recent needs or progress from previous psychiatric counseling. There is no attached justification addressing the overall treatment plan or what specific needs, issues and goals are to be attained by additional psychiatric visits. Furthermore the injured employee did have a recent emergency department visit for psychiatric issues he refused treatment. For these multiple reasons this request for 12 additional psychiatric visits is not medically necessary.

Mini-van to transport electric wheelchair to medical appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Power mobility devices, Updated July 10, 2014.

Decision rationale: According to the medical record all of the recent office visits do not indicate that the injured employee's wheelchair-bound. Furthermore most recent progress note by the requesting physician, dated June 2, 2014, specifically states that the injured employee has a normal gait, normal muscle strength, and normal muscle tone. Therefore it is unclear why transportation is needed. For these reasons this request for a minivan to transport the injured employee and his electric wheelchair to appointments is not medically necessary.