

Case Number:	CM14-0042404		
Date Assigned:	06/30/2014	Date of Injury:	06/18/2013
Decision Date:	10/20/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 & 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 33-year-old gentleman was reportedly injured on June 18, 2013. The mechanism of injury is noted as having a pipe hit him on the top of the head. The injured employee was wearing a hard hat. The most recent progress note, dated August 27, 2014, indicates that there were ongoing complaints of neck pain, right shoulder pain, and head pain. Current medications include omeprazole, Ultracet, Neurontin, Rozerem, cyclobenzaprine, and ibuprofen. The physical examination demonstrated straightening of the cervical spine and decreased cervical spine range of motion. There was tenderness along the cervical spine paraspinal muscles and trapezius. There was also tenderness along the thoracic spine with muscle spasms. Examination of the right shoulder revealed decreased range of motion and a positive Neer's test and cross arm test. There was tenderness at the acromioclavicular joint, biceps groove, glenohumeral joint, and subdeltoid bursa. There was decreased sensation at the right upper extremity in a patchy distribution. Diagnostic imaging studies of the right shoulder indicated a partial undersurface tear of the infraspinatus tendon. An MRI of the brain indicated a left frontal subcortical linear T2 right focus of uncertain significance. A CT of the cervical spine indicated no acute bony abnormalities. Previous treatment includes physical therapy and a right shoulder injection. A request had been made for 10 sessions of pain education and coping skills and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of pain education and coping skills: 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 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 101-102.

Decision rationale: A review of the attached medical records indicates that the injured employee has had a previous neuropsychology consult, dated December 23, 2013, which indicated the presence of some concussive symptoms. There is no mention of any issues regarding coping with pain. Additionally, the most recent progress note, dated August 27, 2014, does not indicate any coping issues with pain. Current pain was rated 7/10 without medications and 4/10 with medications. Considering this, the request for 10 sessions of pain education and coping skills is not medically necessary.