

Case Number:	CM14-0075961		
Date Assigned:	07/16/2014	Date of Injury:	06/10/1997
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine, 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:

This is a male patient whose age was not provided with a 6/10/97 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/28/14, the patient stated that he has severe pain in the cervical spine and lumbar spine. He had pain with prolonged positions as well as increased activity levels. He had numbness and tingling in both upper extremities and both lower extremities. He also had radiating pain extending to both upper extremities and lower extremities. He was currently taking Hydrocodone 2.5 mg, Fioricet, and Valium, and obtained relief of his symptoms with use of the medications. Objective findings: palpable tenderness over the cervical paravertebral and trapezial musculature, spasm present bilaterally, palpable tenderness over the lumbosacral paravertebral musculature with spasm present. Diagnostic impression: cervical spine musculoligamentous sprain with disk bulge, lumbar spine musculoligamentous sprain with disk protrusion, subacromial impingement syndrome right shoulder. Treatment to date: medication management, activity modification. A UR decision dated 5/2/14 denied the request for 6 sessions of monthly psychotropic medication management. This request was approved on 4/9/14. There is insufficient documentation indicating an additional authorization at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management sessions QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156; Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. According to a UR decision dated 5/2/14, this request was already approved on 4/9/14. It is unclear why another request is being made at this time, when 6 months of medication management has been recently approved. Therefore, the request for Monthly Psychotropic Medication Management Sessions QTY6.00 is not medically necessary.