

Case Number:	CM15-0134903		
Date Assigned:	07/23/2015	Date of Injury:	04/23/2012
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female who sustained an industrial injury on 4/23/12 when the ring on her right middle finger got caught in the door causing her to be thrown into the door head first by momentum, impacting the metal door with the right side of her head. She did not lose consciousness but was dazed and confused. She was medically evaluated, had x-rays of her head and was told she had a concussion, MRI of the head showing the same, she had physical therapy, which did not help. She currently complained of constant headaches with a pain level of 8-9/10; occasional pain in the neck and right shoulder; constant dizziness; vision changes; nausea several times per week; heartburn and abdominal pain; decreased libido; occasional numbness and tingling in her feet; memory and concentration problems. She is able to perform activities of daily living. Per progress note dated 6/29/15, she was hospitalized at a psychiatric facility for combining psychiatric medications and alcohol. Medications were trazadone, Buspar, triamterene, ibuprofen. Diagnoses include mild cognitive impairment; moderate major depression; cervicgia; closed head injury. Treatments to date include psychological treatment; acupuncture with temporary benefit; cognitive therapy with temporary benefit; psychotherapy sessions; physical therapy. Diagnostics included MRI of the brain (4/27/12) with abnormalities; of probable old injury bifrontal areas. In the progress note dated 4/17/15, the treating provider's plan of care includes a request for 8 additional pain management counseling sessions to stabilize after recent psychiatric hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured over three years ago when the ring on her right middle finger got caught in a door, causing her to be thrown into the door head first by momentum. Physical therapy did not help. She currently complains of constant headaches, pain in the neck and right shoulder; constant dizziness; vision changes; nausea several times per week; heartburn and abdominal pain; decreased libido; occasional numbness and tingling in her feet; memory and concentration problems. As of June 2015, she was hospitalized at a psychiatric facility for combining psychiatric medications and alcohol. Diagnoses include mild cognitive impairment; moderate major depression; cervicalgia; closed head injury. Treatments to date include psychological treatment. The 8 additional pain management counseling sessions reportedly will stabilize her after her recent psychiatric hospitalization. Pain management counseling would be a special form of psychotherapy. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists such as pain management counselors 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 and care. The objective functional improvement out of past pain management counseling is unknown. Further, the request for the specialized services fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.