

Case Number:	CM15-0145932		
Date Assigned:	08/06/2015	Date of Injury:	04/20/2001
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 58-year-old female, who sustained an industrial injury on 4-20-2001. Diagnoses include chronic pain disorder, mood disorder, trigeminal neuralgia, peripheral neuralgia, osteoporosis, trauma in left arm and inguinal. Treatment to date has included medication management. Current medications include Hydromorphone, Tylenol with codeine, Valium, Provigil, Abilify, Fosamax, proton pump inhibitor and Temazepam. Per the Doctors First Report of Occupational Illness or Injury dated 6-25-2015, the injured worker reported seasonal pain in the face (trigeminal neuralgia complicated by sinusitis) and constant lower back pain that radiates to the front of the right thigh, knee down to lower leg and pain in the heels. She currently has unhealed blisters since "last Christmas." Physical examination revealed a positive Lesegue's sign and straight leg raise up to 45 degrees bilaterally. She displayed an appropriate affect with no clear sign of depression or anxiety, delusional or psychotic behaviors. The plan of care included topical medications and referral to a psychiatrist for psych medications. A HELP program is also suggested. Authorization was requested for refer to HELP program and referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to HELP Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90. Decision based on Non-MTUS Citation <http://www.hospitalelderlifeprogram.org/>.

Decision rationale: The [REDACTED] is a comprehensive patient-care program that ensures optimal care for older adults in the hospital. [REDACTED] prevents delirium and loss of functioning. Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, while there is information to support a referral to psychiatry, there is no rationale to support the referral to a [REDACTED]. The request for referral to [REDACTED] is determined to not be medically necessary.