

Case Number:	CM15-0147296		
Date Assigned:	08/10/2015	Date of Injury:	05/19/2011
Decision Date:	09/08/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/29/2015

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 39 year old female who sustained an industrial injury on May 19, 2011. A recent primary treating office visit dated June 08, 2015 reported subjective complaint of neck and head pain, headaches, and cognitive difficulties. She states being dizzy and anxious. The worker reports taking Imitrex with noted relief from migraines along with having tenderness in the neck above the shoulders as well as tightness. In addition, she is with intermittent numbness to the right fingers. She does seek follow up psychiatric treatment that is pending scheduling. Current medications are: Zoloft, Gabapentin, Naproxen, Sumatriptan, and Protonix. The following diagnoses were applied: cervical disc displacement without myelopathy; head injury; chronic pain; postconsussion syndrome; pain psychogenic, and depression. The worker is to remain permanent and stationary. There is mention of a nerve block injection with denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych/Medication Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: This claimant was injured in 2011. As of June 2015, there was still neck and head pain, headaches, and cognitive difficulties. She states being dizzy and anxious. The worker reports taking Imitrex relieves the migraines but there is tenderness in the neck above the shoulders as well as tightness. In addition, she is with intermittent numbness to the right fingers. The diagnoses were cervical disc displacement without myelopathy; head injury; chronic pain; post-concussion syndrome; psychogenic pain, and depression. Regarding office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, it is not clear what the medical management visits have accomplished, and what would be gained from more. The patient has had four years of care, without objective functional improvement out of the management. The request is not medically necessary.

Pantoprazole-Protonix 29mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This claimant was injured in 2011. As of June 2015, there was still neck and head pain, headaches, and cognitive difficulties. She states being dizzy and anxious. The worker reports taking Imitrex relieves the migraines but there is tenderness in the neck above the shoulders as well as tightness. In addition, she is with intermittent numbness to the right fingers. The diagnoses were cervical disc displacement without myelopathy; head injury; chronic pain; post-concussion syndrome; psychogenic pain, and depression. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.

Psychotherapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress/Mental, under Cognitive Psychotherapy.

Decision rationale: This claimant was injured in 2011. As of June 2015, there was still neck and head pain, headaches, and cognitive difficulties. She states being dizzy and anxious. The worker reports taking Imitrex relieves the migraines but there is tenderness in the neck above the shoulders as well as tightness. In addition, she is with intermittent numbness to the right fingers. The diagnoses were cervical disc displacement without myelopathy; head injury; chronic pain; post-concussion syndrome; psychogenic pain, and depression. The ODG Psychotherapy Guidelines note: Initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)The objective, functional improvement out of prior psychotherapy is not noted. The numbers of past sessions are not noted. The request for these sessions is not medically necessary.