

Case Number:	CM15-0160822		
Date Assigned:	08/27/2015	Date of Injury:	08/02/2012
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46-year-old male who sustained an industrial injury on 08/02/2012. He reported a heavy wall panel falling on him at a construction site and pinning him between the wall and the ground. He developed significant pain in the neck, upper back, mid, and low back. The injured worker was diagnosed as having: A compression fracture of T11 and T12- Sprains and strains of the neck. Sprain strain of the thoracic region. Lumbar disc displacement without myelopathy. Pain in joint, shoulder. Pain psychogenic not elsewhere classified. Long term use of medications. Enthesopathy, hip. Anxiety states not otherwise specified. Depression. Treatment to date has included surgery, psychological treatment, work restrictions, physical therapy and medications, left shoulder surgery for rotator cuff repair, acupuncture, pain medications, cervical, lumbar and thoracic MRI and electrodiagnostic studies of the bilateral lower extremities. He has attended a functional rehabilitation program with benefit and continues with a home exercise program. Currently the injured worker complains of chronic neck, left shoulder, mid, and low back pain. He also complained of left-sided cramping, left hip burning, and pain in the left ribs. The pain was rated as an 8-9 on a scale of 10 and was alleviated with topical medications, transcutaneous electrical neurostimulation and was aggravated by ambulation. Objective findings indicate normal reflexes and normal muscle strength with no evidence of swelling of tenderness in any extremity. He denies anxiety, depression, hallucinations or suicidal thoughts. He denies balance problems, poor concentration, memory loss, numbness, seizures, tremors or weakness. The worker is continuing to follow up with a psychologist for mental health. Medications include Tramadol

and Doxepin cream. The treatment plan includes a transcutaneous electrical nerve stimulation (TENS) unit, referral to appropriate specialists, and six sessions of cognitive behavioral therapy. A request for authorization was submitted for follow-up consultations with psychology x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultations with psychology x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. The request however is for 6 follow up visits. The continued need cannot be determined for this many visits and therefore the request is not medically necessary.