

<b>Case Number:</b>	CM15-0181936		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/06/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 45 year old male, who sustained an industrial injury on 10-6-13. The injured worker was diagnosed as having post-traumatic stress disorder; tension headaches. Treatment to date has included physical therapy and medications. Diagnostics studies included CT scan Brain-Normal findings (2-28-14). Currently, the PR-2 notes dated 7-23-15 indicated the injured worker was seen for examination and treatment. The provider documents "He has been placed on Zoloft, Ambien and Remeron. He has been followed by psychiatry the whole time and was being seen approximately once a month. He has now decreased visits with psychiatry. He has not been able to go back to normal employment. Feels anxious, angry and easily startled. Uncontrolled emotions, constantly remembers incident (industrial injury). Has been diagnosed with post-traumatic stress disorder. Not suicidal, not homicidal, does not want to destroy property. Stable and improving." The provider notes "No distress, mood and affect is normal, mental status is normal, mood is anxious, attention is normal, sensory examination is normal. Station and gait are normal. The provider's treatment plan is to continue to monitor and continue psychiatric treatment. This is future medical care." The injured worker was advised to continue to take his medications. There were no necessary medications refilled at this time. A 128 page "Panel Qualified Medical Examination in Internal Medicine" dated 7-22-15 recommended the injured worker be seen by a Neurologist regarding his headaches. The medical documentation submitted does not mention "Headache class for tension headaches". A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 8-27-15 and non-certification for Headache class for tension headaches. A request for authorization has been received for Headache class for tension headaches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Headache class for tension headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neurology Referral Guidelines, American Academy of Neurology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Pain rehabilitation program.

**Decision rationale:** The medical records provided for review support the insured has chronic headaches. There is no indication of the previous treatments tried and failed or that pain rehabilitation supported by ODG has been tried and failed. The qualifications and structure of "headache class" is not specified. ODG guidelines do not support "headache class" as a treatment. As such, the medical records do not support this treatment congruent with ODG guidelines. The request is not medically necessary.