

Case Number:	CM15-0042042		
Date Assigned:	03/12/2015	Date of Injury:	10/18/2012
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62-year-old male, who sustained an industrial injury on 10/18/2012. He has reported loss of consciousness after a barrel rolled over his left ankle, causing a fall with head and neck injury. The diagnoses have included concussion with loss of consciousness, post concussion syndrome, myofascial pain syndrome, lumbar sprain, cervical degenerative disc disease, hip sprain and left ankle sprain. Treatment to date has included medication therapy, physical therapy, and acupuncture. Currently, the IW complains of continued pain in the hip, knees, right ankle, low back and neck, associated with dizziness and vertigo. The physical examination from 2/17/15 documented poor communication ability and mood was irate with evidence of poor coping and lack of insight. The plan of care included therapy for the head injury including speech therapy, psychiatric therapy, and pain management counseling once a week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restorative programs) Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Cognitive therapy.

Decision rationale: The claimant sustained a work-related injury in October 2012 with diagnoses including concussion and continues to be treated for chronic widespread pain. Prior treatments have included medications, acupuncture, and physical therapy. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychotherapy guidelines recommend an initial trial of six visits over 6 weeks with additional treatments if there is evidence of functional improvement. In this case, the number of visits requested was in excess of that recommended and therefore not medically necessary.