

Case Number:	CM14-0122334		
Date Assigned:	08/06/2014	Date of Injury:	02/14/2014
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29 year-old female who was reportedly injured on February 14, 2014. The mechanism of injury is noted as a lifting type event. The most recent progress note dated July 16, 2014, indicates that there are ongoing complaints of right shoulder and arm pain and upper back pain. The physical examination demonstrated a decrease in right shoulder range of motion, tenderness to palpation the right shoulder and trapezius and elements of depression (tearing) during the evaluation. Diagnostic imaging studies objectified minimal degenerative changes. Previous treatment includes physical therapy, home exercise, multiple medications and pain management interventions. A request was made for psychology evaluation and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Evaluation and CBT 4-6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127.

Decision rationale: MTUS guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review of the available medical records fails to document a reason to refer the injured worker for a psychological evaluation. This is not a chronic pain situation, the initial treatment has not resolved, and the request includes therapies that are not supported by an evaluation. Furthermore, there is no documentation of a diagnosis of mental illness. As such, this request is not considered medically necessary.

E-Stimulator trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 OF 127.

Decision rationale: As noted in the MTUS, electrotherapy represents the therapeutic use of electricity is a very frequently used modality. However, the efficacy of such intervention particularly in a home setting is not supported. A trial episode during physical therapy must be documented and demonstrated as efficacious. Therefore, the request is not medically necessary.

Menthoderm 120 grams (4 fl. oz.): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. As such, based on the clinical information presented for review this request is not medically necessary.