

Case Number:	CM14-0214573		
Date Assigned:	01/07/2015	Date of Injury:	04/28/2012
Decision Date:	02/28/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
 Certification(s)/Specialty: Emergency 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:

Patient with reported date of injury on 4/28/14. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of L herniorrhaphy neuralgia. Patient is post L inguinal hernia repair on 7/27/12 and removal/revision of mesh on 4/2/14 and L triple ilioinguinal neurectomy. Medical reports reviewed. Last report available until 10/20/14 by psychiatrist. Patient is reportedly very stressed and depressed due to pain and financial issues. Feels hopeless and helpless. Progress note on 10/16/14 reports that patient has completed physical therapy. Patient has increasing groin pain. Burning pain to L groin and penis, as well as swelling in testicles. Objective exam reveals limping gait with a cane. L quadricep, dorsiflexion and plantar flexion is 4/5. Hypoaesthesia to L testicle. Gabapentin failed in the past but was never therapeutic. Provider was planning to reattempt the medication on 10/16/14. Current medicaments include Xanax, Cialis, ambien, Luvox, and ibuprofen. Independent Medical Review is for monthly medication management sessions x6. Prior Utilization Review on 11/26/14 recommended modification to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly medication management sessions x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92, Chronic Pain Treatment Guidelines Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Office Visits

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient condition is not improving and patient is being seeing by multiple providers in varied disciplines. While medication management sessions may be necessary, 6 sessions over 6 six month period is not medically warranted since there could be significant changes in patient's status within such a time period. This review agrees with UR modification to 3sessions. Medication management sessions x6 is not medically necessary.