

Case Number:	CM15-0095143		
Date Assigned:	05/21/2015	Date of Injury:	08/14/2011
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California

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:

This is a 57-year-old male patient, who sustained an industrial injury on 8/14/11. The diagnoses include pain in joint of ankle and foot and other chronic postoperative pain. He sustained the injury due to his left foot being caught between two pieces of wood, which caused him to fall. Per the doctor's note dated 2/24/15, he had complains of right ankle pain with burning pain and numbness and tingling on lateral side; he rated the pain 7/10. He currently works full time. Physical examination revealed a slow and antalgic gait. The medications list includes tylenol, advil and nortriptyline. He has undergone open reduction internal fixation of right fibula on 8/30/2011. He has had left ankle MRI dated 8/25/11; (EMG) Electromyogram performed on 3/12/14 which revealed no evidence of right or left leg radiculopathy, lumbar plexopathy, entrapment neuropathy or polyneuropathy. Treatment to date has included lumbar block, bone stimulator, crutches, scooter, TENS unit, oral medications including opioids and 3 weeks of physical therapy. A request for authorization was submitted for pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling (sessions), QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In addition, the cited guidelines recommended "Initial trial of 3-4 psychotherapy visits over 2 weeks." Patient had chronic right ankle pain with history of surgery. He has already had treatment with medications (including opioids) and physical therapy. He continues to have pain. Pain management counseling is medically appropriate, HOWEVER, the rationale for 8 sessions of consultation is not specified in the records provided. The cited guidelines, recommend, "Initial trial of 3-4 psychotherapy visits over 2 weeks." The outcome and response to the initial visits of pain management counseling is not yet known. Therefore, the medical necessity of Pain management counseling (sessions), QTY: 8, as submitted, is not fully established for this patient at this juncture. The request is not medically necessary.