

Case Number:	CM13-0053378		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2012
Decision Date:	05/09/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/18/2013

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 Psychiatry and is licensed to practice in California 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:

A 49 year old male injured worker with date of injury 6/27/12. He sustained a traumatic brain injury and presents with persistent headaches, vestibular dysfunction, chronic nausea associated with cognitive effort, as well as cognitive fatigue and decreased attention. He was diagnosed with closed head injury with post-concussion syndrome with cognitive impairment, mood impairment, balance impairment, suggestion of speech impairment; muscle contraction with vascular headaches secondary to closed head injury, left temporomandibular joint syndrome. He has not seen an ear, nose and throat specialist to address his balance impairment and possible inner ear disease. He has been treated with group therapy, speech therapy, medication management, and physical therapy. The date of UR decision was 9/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL MEDICATION MANAGEMENT-OFFICE VISITS: 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).

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

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request does not specify the number of medication management visits required, the goals of treatment etc. Additional information is required to affirm medical necessity.