

<b>Case Number:</b>	CM14-0002670		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 53-year-old male who sustained an injury to the left hand/wrist on 02/02/09 after cutting his hand with a saw at work. It was also reported the injured worker has some psychological issues secondary to the injury including depressive disorder, anxiety, eating disorder, sleep problems and long-term use of medications. He is currently taking Trazadone. It was reported that the injured workers mood is unchanged. The injured worker stated he cannot tolerate his environment at all. He is nervous and has anxiety attacks. Insomnia was also reported. It was recommended the injured worker see a neurologist/psychologist for evaluation and treatment. This request is for ongoing primary treating physician visits, the MRI of the head has also been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONGOING PTP VISITS EVERY 4-6 WEEKS:** 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), TWC, Pain (updated 11/14/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness And Stress Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) states the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. 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 the health care system through self care as soon as clinically feasible. The previous request was denied on the basis that the injured worker was seen by an insurance company doctor and he was recommended to see a psychiatrist. However, approval was still pending. Given the clinical documentation submitted for review, medical necessity of the request for ongoing Primary Treating Physician visits every 4 to 6 weeks has not been established. Therefore, the request for ongoing Primary Treating Physician visits every 4 to 6 weeks is not medically necessary.