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| <b>Case Number:</b>   | CM14-0123419 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 10/17/2006 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

The records, presented for review, indicate that this 44-year-old female was reportedly injured on October 17, 2006. The mechanism of injury was noted as reaching for a document and injuring the lower back. The most recent progress note, dated April 25, 2014, indicated that there was improvement in the injured employee's emotional condition and there were less frequent thoughts of death. There were continued complaints of low back pain and poor sleep. There were feelings of frustration, anxiety, and sadness. The injured employee denied any suicidal ideations or suicidal plans. No physical examination was performed on this date. Diagnostic imaging studies and previous treatment were unknown. A request had been made for crisis intervention and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crisis Intervention as needed:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**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, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, follow-up office visits are dependent upon patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. According to the progress note dated April 25, 2014, injured employee has issues with coping and thoughts of preoccupation with death. Although there was stated to be some improvement, the symptoms apparently persist. Considering this, the request for crisis intervention is medically necessary.