

<b>Case Number:</b>	CM14-0152111		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Occupational Medicine. 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:

This patient is a 43 year old employee with date of injury of 10/6/2010. Medical records indicate the patient is undergoing treatment for PTSD, other joint derangement not elsewhere classified, cervicgia and injury to brachial plexus. She is s/p surgery to her left knee. Subjective complaints include left knee "hurting". She continues to have significant knee and hip pain. She complains of dizziness, weakness, fatigue, mood changes and crying spells. She is very despondent and depressed and feels as though her needs have not been met. She wakes up with nightmares and bad dreams. Objective findings include on exam: the patient was alert but slightly agitated. She affect was inappropriate and she is extremely anxious, nervous, fidgety, irritable, very paranoid and intrusive. Cognitive function is moderately impaired. Insight and judgment are poor. GAF is 40. She has tenderness over the left greater trochanter and in the posterior gluteal muscles. The left knee has 1+ effusion with warm marked tenderness. She has a positive stork test on the left and tenderness over the left SI joint. Treatment has consisted of PT, cognitive therapy, Cymbalta, Xanax and Lyrica. The utilization review determination was rendered on 9/10/2014 recommending non-certification of Medication Management once a month x 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management once a month x 6 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** MTUS states "Independent self-management is the long-term goal of all forms of functional restoration. The process and principles of functional restoration can be applied by a physician or a well-integrated interdisciplinary team to a full range of problems that include acute injuries (e.g., sports, occupational) catastrophic injuries (e.g., brain and spinal cord injury), and chronic conditions (e.g., chronic pain, multiple sclerosis, etc.) and is the basis for medical rehabilitation and disability management". ODG states "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self-care as soon as clinically feasible". The medical documents establish that the patient was the victim of a violent sexual assault that occurred in the workplace. The Psychiatrist on 3/31/14 noted the need for ongoing psychiatric care and cognitive behavioral therapy. The psychiatrist noted the importance of psychiatric management to alleviate the effect of this workplace sexual assault. As such, the request for Medication Management once a month x 6 months is medically necessary.