

<b>Case Number:</b>	CM14-0042041		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 40 year old male with a reported date of injury on 09/12/2008. The mechanism of injury was head trauma. The diagnoses included major depression, closed head trauma, and psychosocial stressors. Past treatment included physical therapy. There was no surgical history noted in the records. On 03/11/2014, the subjective complaints were feelings of depression, fatigue, and worthlessness. The physical examination findings were cognition registration 3/3 and cognition recall at 5 minutes was also 3/3. The medications include Cymbalta 20mg daily. The treatment plan included follow up visits. The rationale was not provided in the records. The request for authorization form is dated 03/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Pharmacologic management visits with psytx: 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), Mental Illness and stress management (E&M).

**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 & Stress, Office visits.

**Decision rationale:** The request for 6 pharmacologic management visits with Psytix is not medically necessary. The Official Disability Guidelines recommend office visits to be medically necessary, however the request is not clear on the frequency of the office visits that are being requested. Additionally, as the need for office visits is based on clinical presentation and the treatment plan, the necessity of future visits cannot be determined. As such, the request is not medically necessary.