

<b>Case Number:</b>	CM14-0042214		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<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 and Rehabilitation and is licensed to practice in 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 records, presented for review, indicate that this 41-year-old female was reportedly injured on July 16, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 4, 2014, indicated that there were ongoing complaints of stress and anxiety. The injured worker was alert and oriented. Speech was slightly pressured, and an anxious state was noted. The physical examination was not completed during this evaluation. Diagnostic imaging studies were not presented. Previous treatment included individual psychotherapy. A request had been made for an office visit and was not certified in the pre-authorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) office visits to a medication management specialist.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** The notes indicate ongoing psychiatric treatment. Medications were referenced; however, the dosage, response and indications were not noted. There was insufficient clinical information presented to establish the medical necessity for this request.