

<b>Case Number:</b>	CM14-0043532		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Family 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:

This is a 46-year-old male with a 2/1/09 date of injury. The mechanism of injury was not noted. According to a psychiatric evaluation report dated 2/18/14, the patient stated that he was very easily irritated and was made angry easily. The patient continued to have significant problems with respect to his overall activities of daily living, specifically the management of his aggressive feelings. Objective findings: patient not easily capable of verbalizing or expressing his feelings; depressed affect, anxious, emotionally eruptive, easily irritated, self-pitying. Diagnostic impression: depression, personality disorder. Treatment to date: activity modification, psychotherapy. A UR decision dated 3/31/14 denied the request for medical management x5. A request for psychiatric evaluation was certified. After completion of psychiatric evaluation, a request for medication management sessions may be submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Management x5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156 X Chronic Pain Medical Treatment Guidelines 9792.23 Clinical Topics

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 6 pages 127, 156 and Chronic Pain Medical Treatment Guidelines, Clinical Topics. The Expert Reviewer's decision rationale: CA MTUS states that "consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." It is noted in the psychiatric evaluation that the provider feels medication treatment would be helpful to the patient. However, this is a request for 5 visits. Frequent and ongoing monitoring is necessary to determine functional improvement and to evaluate for adverse effects from medications. This is especially true with respect to the initiation of newly prescribed medications. There is no rationale provided as to why the patient needs 5 medication management visits at this time. Therefore, the request for Medical Management x5 was not medically necessary.