

<b>Case Number:</b>	CM14-0044461		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Psychiatry, 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 injured worker is a 48 year old female with date of injury of 7/11/12. She encountered a closed head injury with loss of consciousness when she tumbled from a golf cart. She developed right facial weakness, trigeminal nerve injury, double vision, olfactory nerve injury, cervical strain, lumbar strain, and left lumbar pain secondary to the trauma. A report dated 3/3/14 indicated that she continued to complain of headaches, dizziness, back pain, and bilateral knee pain rated that day at 7/10. Psychological testing was done on 2/27/2014. It was also noted that she displayed signs of psychomotor retardation. Her mood was reported as depressed and affect was blunted. She expressed confusion per that report. She was diagnosed with mood disorder secondary to the head injury and cognitive disorder not otherwise specified. The Psychiatrist recommendations per that evaluation including starting her on Mirtazepine and considering treatment with Methyphenidate ER for concentration deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly follow up visits until the patient is stable followed by quarterly visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (for Evaluation and Management Services).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines state that office visits are 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's 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. There is no documentation regarding the goals of treatment. The injured worker suffers from mood disorder and cognitive issues secondary to a closed head injury. It is unclear if the effects of the head injury are reversible or irreversible in nature. It has not been defined as to what is considered as stable, as the aftereffects of the head injury might be of irreversible nature. The request does not specify number of sessions that are being requested. The request is not medically necessary.