

<b>Case Number:</b>	CM14-0055024		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 female employee was reportedly injured on October 1, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of palpitations, stomach pain, diarrhea, high blood pressure, chest pain, dizziness, headaches, blurry vision, fatigue, insomnia, and stress. No documented physical examination was provided. Diagnostic imaging studies were not performed. Previous treatment is unknown. A request was made for an initial visit, venipuncture, and bronchodilation and was not certified in the preauthorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial visit (Date of Service (DOS): 03/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Mental Illness & Stress Procedure Summary last updated 04/09/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits, Updated September 10, 2014.

**Decision rationale:** The medical record does not provide any information regarding a potential mechanism of injury surrounding the injured employee's claims. Without this information a judgment regarding the decision for an initial visit cannot be made. As such, this request for a decision for an initial visit dated March 11, 2014 is not medically necessary.

**Venipuncture (DOS: 03/11/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003423.htm>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** The medical record does not provide any information regarding a potential mechanism of injury surrounding the injured employee's claims. Without this information a judgment regarding the decision for a venipuncture procedure cannot be made. As such, this request for a venipuncture is not medically necessary.

**Bronchodilation (DOS: 03/11/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pulmonary Procedure Summary last updated 02/24/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, Bronchodilators, Updated July 29, 2014

**Decision rationale:** The medical record does not provide any information regarding a potential mechanism of injury surrounding the injured employee's claims. Without this information a judgment regarding the decision for a bronchodilation cannot be made. As such, this request for a bronchodilation is not medically necessary.