

<b>Case Number:</b>	CM15-0238645		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47-year-old female with a date of industrial injury 9-11-2009. The medical records indicated the injured worker (IW) was treated for depressive disorder not otherwise specified and panic disorder with agoraphobia. In the progress notes (8-10-15 and 10-5-15), the IW reported anxiety, tension, irritability and quick temper, decreased with medication. She also reported depression and crying episodes decreased by medication. Memory and concentration were impaired, energy and sociability were low. Medications included Effexor, Klonopin, Trazodone and Wellbutrin. Treatments included medications. The Scoring Sheet dated 5-27-15 showed Burns Depression Checklist score of 65 and Burns Anxiety Inventory score 41. The provider felt a consultation with internal medicine was appropriate, referring to ACOEM guidelines. A Request for Authorization was received for one internal medicine assessment for medical causes of anxiety. The Utilization Review on 11-9-15 non-certified the request for one internal medicine assessment for medical causes of anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine assessment for medical causes of anxiety #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant anxiety that have failed treatment by the primary treating physician with no documentation on physical exam which would suggest another cause for the anxiety. Therefore criteria for an internal medicine consult have not been met and the request is not medically necessary.